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COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE
SUR L'USAGE DES DROGUES
A DES FINS NON MEDICALES

April 16, 1970
Calgary Inn
CALGARY, Alberta

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2 INTO THE
3 NON-MEDICAL USE OF DRUGS

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5 SUR L'USAGE DES DROGUES
6 A DES FINS NON MEDICALES

7 BEFORE:

8 Gerald LeDain, Chairman,
9 Dr. Heinz Lehmann Member,
10 James J. Moore, Executive Secretary
11 J. Peter Stein, Member.

12 RESEARCH:

13 Dr. Charles Farmilo.

14 SECRETARY TO THE CHAIRMAN:

15 Vivian Luscombe

16 April 16, 1970

17 Calgary Inn

18 CALGARY, Alberta

1 || ---Upon commencing at 9:30 a.m.

THE CHAIRMAN: Ladies
and gentlemen, I call this hearing of the
Commission of Inquiry Into the Non-Medical Use
of Drugs to order. I should like to, before
introducing my colleague and members of the staff,
I should like to just observe that two of our
colleagues are unable to be with us this morning
because of personal matters of emergency, and
I very much regret this. Our other colleague
is on his way in from the airport. That is the
latest bulletin on him.

13 On my right is Dr. Heinz
14 Lehmann of Montreal; I am Gerald LeDain; and on
15 my left is Mr. James Moore, Executive-Secretary
16 of the Commission.

17 I would like to begin by
18 reading a statement which sets out the back-
19 ground of the Commission's appointment, its
20 terms of reference and the manner in which
21 it interprets its task.

22 The Commission of Inquiry
23 Into the Non-Medical Use of Drugs was appointed
24 by the federal government on May 29th last year,
25 upon the recommendation of the Hon. John Munro,
26 Minister of National Health and Welfare.

27 The Commission has an
28 independent status under Part of the Inquiries
29 Act.

The concern which gave

rise to the appointment of the Commission is described in Order in Council P.C. 1969-1112, which authorized the appointment in the following words: "there is growing concern in Canada about the non-medical use of certain drugs and substances, particularly those having sedative, stimulant, tranquilizing or hallucinogenic properties, and the effect of such use on the individual and the social implications thereof. Within recent years, there has developed also the practice of inhaling of the fumes of certain solvents having an hallucinogenic effect, and resulting in serious physical damage and a number of deaths, such solvents being found in certain household substances. Despite warnings and considerable publicity, this practice has developed among young people and can be said to be related to the use of drugs for other than medical purposes. Certain of these drugs and substances, including lysergic acid diethylamide, LSD, methamphetamines, commonly referred to as "Speed", and certain others, have been made the subject of controlling or prohibiting legislation under the Food and Drugs Act, and cannabis, marijuana, has been a substance, the possession of or trafficking in which has been prohibited under the Narcotic Control Act. Notwithstanding these measures and the competent enforcement thereof by the R.C.M. Police and other enforcement bodies, the incidents of possession and use of these substances for

1 non-medical purposes, has increased and the need
2 for an investigation as to the cause of such
3 increasing use has become imperative."

4 In announcing the Commission's
5 appointment, the Minister of National Health and
6 Welfare spoke of the "grave concern felt by the
7 government at the expanding proportions of the
8 use of drugs and related substances for non-
9 medical purposes."

10 The terms of reference
11 defining the Commission's inquiry into the non-
12 medical use of psychotropic drugs and substances
13 mention sedatives, stimulants, tranquillizers,
14 and hallucinogens.

15 For the present, the
16 Commission understands "drug" to mean any substance
17 which chemically alters structure or function
18 in the living organism, and "psychotropic"
19 drugs as those which alter sensation, feeling,
20 consciousness and psychological or behavioural
21 functions. The Commission has tentatively defined
22 "medical use" in terms of generally accepted
23 whether
24 medical practice / under medical supervision or
25 not. All other use is "non-medical use".

26 By itself, a prescription
27 does not distinguish medical from non-medical use.
28 A non-prescription drug like aspirin may be taken
29 for medical use. Or a prescription drug may be
30 taken for generally accepted medical reasons,
 then no longer required.

The Commission is invited
by its terms of reference to "marshal the present
fund of knowledge concerning the non-medical use
of sedatives, stimulant, tranquilizing, hallucino-
genic and other psychotropic drugs or substances."

10 It must consider what
11 appear to be the principal issues which led to its
12 appointment.

26 The Commission sees its
27 primary emphasis on the following categories:

1 "restricted drugs" placed under the new schedule
2 J of the Food and Drugs Act, such as DMT, STP
3 DOM, and DET.

4 2. The stimulants, includ-
5 ing such amphetamines as benzadrine and methadrine--
6 generally referred to as "speed";

7 3. The volatile
8 solvents and gases often referred to as "delirients"
9 such as glue, nailpolish remover, and paint
10 thinner.

11 4. The sedative-hypnotics,
12 such as the barbiturates (used as sleeping pills),
13 the minor tranquillizers, and ethyl alcohol.

14 5. The opiate-narcotics,
15 such as heroin.

16 Alcohol and nicotine are
17 clearly mood-modifying drugs used for non-medical
18 reasons and therefore within the terms of reference.
19 However, the Commission could not possibly
20 perform its task if it were required to consider
21 the extensive research carried out on these
22 substances. A realistic view compels the Commission
23 to regard the non-medical use of alcohol and
24 nicotine in their relation to the non-medical use
25 of other psychotropic drugs. This is also the
26 Commission's position, at least initially, on
27 the non-medical use of the opiate-narcotics, such
28 as heroin.

29 These so-called "hard drugs"
30 are not excluded from the terms of reference,

1 because they do have psychotropic properties. But
2 as with alcohol and nicotine, the Commission cannot
3 hope to do justice to the extensive literature
4 on the subject. The "hard drugs" are therefore
5 to be examined in their possible relationship to
6 the non-medical use of these "soft drugs".

7 Two contentions brought to
8 the Commission's attention may illustrate what is
9 meant by "relationship" to the non-medical use
10 of soft drugs.

11 The first contention is
12 that extensive social use of alcohol not only
13 creates a permissive climate of drug use, but
14 also reflects a provocative injustice and even
15 hypocrisy in our legislative and law enforcement
16 attitudes. The second contention is that the
17 use of certain soft drugs like cannabis (marijuana)
18 leads very often, if not generally, to hard
19 drug addiction.

20 What are the issues in this
21 inquiry? The Commission must investigate the
22 extent of the non-medical use of mood-modifying
23 drugs in Canada. That means the pattern of drug
24 use; the drugs and various groups or populations
25 involved according to age, occupation, etc.; the
26 movement from one drug to another.

27 The Commission must investi-
28 gate physical and psychological effects of these
29 drugs, effects on behaviour/^{of}the individual concerned,
30 effects on others, and effects on society. Finally

1 and by no means least important, the Commission
2 must investigate the reasons for the non-medical
3 use of drugs-- not only the personal reasons or
4 motivation, but the social, educational, economic,
5 philosophic and other reasons. In other words,
6 what is the meaning or larger significance of this
7 phenomenon? What is the true nature of the
8 challenge it presents to our civilization?

9 It is imperative that we
10 have the views of as many Canadians as possible.
11 This is not solely a technical question for
12 experts; it is a broad social issue, going to
13 the very nature of human existence in our time.
14 It is a question to which everyone can contribute
15 a measure of insight and wisdom. Now I should
16 like to say a few words about the manner in
17 which we proceed at these hearings. We have
18 a list of scheduled submissions and we ask that those
19 who are making them would be good enough to
20 be seated at the table there, and following the
21 submissions there will be an opportunity for
22 questions and observations, not only by the
23 Commissioner's but / all who are present, and it
24 is not necessary to have formal submissions or
25 a written submission. We are anxious, as I have
26 said, to hear from as many people as possible,
27 and microphones have been placed in the aisles
28 here for your convenience and so we hope that
29 you will give us the benefit of your understanding
30 on this subject.

1

Now I shall call upon

2

Professor Kenneth Low, Professor of Psychology
at the University of Calgary.

4

MR. LOW: It is just Mr.
Low.

6

THE CHAIRMAN: Mr. Low.

7

There was a bit of confusion about that. We
have so many academic credentials here I was a
little hesitant.

10

11

MR. LOW: Actually, most
of my credentials are not very academic, but,
I am flattered.

13

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Anyway, perhaps I should
begin by saying that I am here as a private
individual, I am not representing the University
of Calgary in any way, Mr. Chairman. My work is
done primarily out of the University of Calgary.
I am the research consultant there. The rest
of my affiliations and credentials are listed
at the top of the brief.

21

22

THE CHAIRMAN: Could you
speak a little more closely to the microphone?

23

24

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30

MR. LOW: Sure. I am

sorry, I couldn't get good copies for you, I
didn't have time for the secretary to prepare
a copy without spelling mistakes and smudges
and whatnot. I think you all have copies to
follow along. For the past two years I have been
gathering data and making observation on drug use
in Calgary and elsewhere. I have already submitted

1 a copy of some of my ideas to the Commission and
2 I had hoped to present a completed copy of the studies
3 at the Calgary hearings. However, my involvement
4 with various community projects and the early
5 date for the hearings. The last time I heard
6 the hearing was to be here on June the 4th --
7 has made it impossible for me to complete a
8 study for you at this time. It is probably
9 just as well that I do not spend my time with
10 you in rambling off columns of statistics since
11 I can send you details and complete reports
12 as soon as they are ready. I will instead give
13 a brief description of my study and then go
14 on to discuss some observations, ideas, and
15 proposals that I have gathered in the time I have
16 been working in the area of non-medical drug use.

17 I have also included a
18 copy of the first part of my study, two copies
19 for you there, which some of you may have seen as I
20 sent that/to you last January.
copy

21 The study: eighteen hundred
22 questionnaires were distributed to obtain two
23 samples of marijuana users and one sample of people
24 who had not used marijuana or any other illicit
25 exotic substance. The data gathered was
26 selected to determine a rough outline of the
27 population of marijuana users including
28 demographic variables, activities, attitudes
29 and drug use. A control sample of the university
30 students who had not used marijuana was compared

1 with a sample of university students who had
2 used marijuana. A further control sample of
3 marijuana users was obtained from the university
4 students who filled out questionnaires that
5 seemed to be gathering data on alcohol use. Most
6 of the between sample comparisons were confined
7 to university students although a large sample
8 of marijuana users who were not university
9 students was also obtained.

10 The results as compiled to
11 date indicate the following: that marijuana using
12 handled in this study
13 population as / does not show any general
14 sociopathic or psychopathic tendency to withdrawal
15 or disengagement.

16 Marijuana using university
17 students tend to be more critical of society
18 than their peers who have not used marijuana and
19 they are less likely to feel that participation
20 in present systems will solve society's problems,
21 although they are more likely to feel that a
22 change in the system such as a better and fairer
23 system of education would provide a solution.

24 Marijuana users are pre-
25 dominantly young and predominantly students but
26 users are found among a wide range of people,
27 from down and out transients, prostitutes, and
28 addicts to established professionals. Marijuana
29 does not seem to be popular among labourers.

30 People who use marijuana
31 heavily tend to use a greater variety of other

1 drugs. Heavy users have a slightly higher
2 tendency to be unemployed, and are much more
3 likely to sell the drug than are more moderate
4 users.

5 Although no effort was
6 made to determine the percentages of populations
7 that was using drugs, a few statistics were
8 arrived at as a result of the sampling method and
9 returned data. Considerable variation was evident
10 in the university population with some departments
11 or faculties showing low incidence of drug use and
12 others showing high. It is estimated on the basis
13 of questionnaires that 38% of the student population
14 at the University of Calgary have used marijuana
15 and hashish. The rate for LSD is around 12%
16 or slightly greater though this figure is not
17 very firm. It is difficult to determine the extent
18 of involvement that these figures indicate. The
19 questionnaire data and my own observations indicate
20 that the one shot experimenter is relatively rare,
21 with most experiments consisting of casual use
22 over a period of several months or longer. This
23 is much more the case with cannabis than with LSD.

24 No figures are available
25 for incidence of use in the high schools but
26 casual reports would place the rate for marijuana
27 and hashish as being between 20 and 35%. The rate
28 seems to vary considerably from one school to
29 another.

tions: During the time that I have been collecting information on drug use and users I have moved among drug users of various descriptions. I have been involved in Free School activities set up by an enterprising group of local youth, and in the past few months I have met with many concerned people, both users and non-users, at seminars, clubs, and school classes. The following are thoughts on drug use experience

The motivations behind

drug use seem to be many and varied. The individual
who uses drugs has a complex set of reasons for
doing so and simple analogies are
usually insufficient. However, a common factor
in many cases seems to be one of the fundamental
qualities of healthy human life - a search for
interesting and meaningful experiences. Although
there is a great deal to relate to in a material
sense in our North American culture, there does
not seem to be enough of a subjective and personal
image. There seems to be a rejection of science
and technology that in many cases comes out as
anti-intellectualism. It is quite clear that
drugs can be used in a number of ways to provide
interesting and sometimes meaningful experiences.
If the quality of interestingness is taken as
a change in perspective accompanied by new
associations then the psychedelic drugs are going
to be interesting to most people because the
psychedelic drugs can provide new associations

1 and new perspectives. Meaning is largely a
2 matter of relating bits of information to
3 one another and this requires some work on the
4 part of the individual. Some people work at
5 their interesting experiences to make them
6 meaningful. These are the "mind trippers". Most
7 of us find the relating and integrating
8 of information difficult and tedious and we
9 would rather just be entertained with interesting
10 experiences - these are the "body trippers". Most
11 young drug users seem to be primarily body trippers,
12 although they will occasionally try to make some-
13 thing out of their experiences. Among older
14 drug users, graduate students, university faculty,
15 and professionals, "mind tripping" is very common.
16 The drug is used as a tool for exploration and
17 introspection. Anyone who doubts that the drug
18 can be used this way is referred to Huxley's
19 book, *The Doors of Perception*, or any one of several
20 other books describing the psychedelic experience.
21 There is a fair amount of sociability and convivial-
22 ity involved. Hashish has replaced spirits in some
23 and party dinner/cocktail/circles. There is another way
24 drug use can be interesting. This is the group
25 involvement phenomenon. Now, there are many types
26 of groups, each with its own involvement potential.
27 The highest involvement potential is often
28 associated with dangerous, illicit, or exotic,
29 activities. Thus the emphasis in the entertainment
30 media on a variety of conflict and exotic

1 situations. Governments and nations find a
2 rare quality of meaningful experience in times
3 of peril and disaster when people are working hard
4 to prevent destruction. The life of an underground
5 fighter of the marque is pretty glamorous
6 compared to most of our lives. The life of a
7 kid who is smuggling marijuana, hashish, or
8 opium is interesting for many of the same reasons.
9 I am not talking about peer group pressure here
10 although that is undoubtedly a factor, along with
11 the opportunities that come when close friends
12 become involved in an activity when you are not.
13 I am talking about a kind of group activity that
14 allows or even demands a type of immediately
15 relevant problem solving. The problem is to use
16 obtain, or sell some illicit or exotic substance
17 without going to jail, or getting kicked out of
18 school or getting father so upset with you
19 that he sends you to a convent. Danger or even
20 threat of possible death or insanity is no
21 absolute deterrent, in fact it makes the game
22 all the more relevant. The drugs can produce
23 interesting or euphoric feelings, and the activities
24 surrounding their use make for an interesting or
25 involving life style. Users of drugs, like people
26 involved in illicit or dangerous activities, tire
27 of the constant threat and will seek respite and
28 security. Thus a dealer may wake up one morning
29 and flush his stash down the toilet and stay clean
30 for a month or two.

The basic consideration here is that people seek interesting and involving lives and will take whatever options are available to this end. Because of the lack of skills and experience among teenagers their options are extremely limited in comparison with a financially independent adult. Furthermore, the technologic, materialistic, and mass based acculturation and education that talks of people in terms of "human resources" is not interesting to many young people and positively repulsive to some.

27 Drug Problems: The only
28 monolithic drug problem at present seems to be
29 a political or ideological one running along the
30 lines of "people are using drugs non-medically."

1 Such a formulation is a little short on utility,
2 and in some quarters consensus. A more useful
3 taxonomic system for drug problems is necessary
4 if one is to get a clear picture of what is
5 happening. Such a system was developed for the
6 Task Force on Drugs. The system outlines five
7 types of ^{drug}/problems: physical, mental, ideological,
8 legal, and empirical. Each type of problem
9 required its own peculiar approach. The probability
10 of problem development for each of the types
11 will vary from one drug to another.

12

13 Thus the ideological
14 and legal problems associated with marijuana are
15 of high probability while the physical and mental
16 health problems appear to be low. With the
17 amphetamines the physical and mental health
18 problems are high, the legal low, etc.

19

20 It would appear from my
21 own studies and observations that the incidence
22 of serious drug problems is reasonably low among
23 users of the various drugs that are popular in
24 Calgary. The incidence and etiology of drug
25 related problems is to be the subject of further
research.

26

27 Heroin: The availability
28 and use of heroin is increasing in Canada. A kind
29 of attitude preparation is currently in process
running something like this - "heroin is the victim
30 of a propaganda campaign, just like grass and acid."

1 It's not necessarily addictive, you've just gotta
2 know how to use it. It's beautiful, not rocky like
3 acid and sometimes hash -- no hassles, just a nice
4 floating feeling, a beautiful high. It's okay
5 to joy pop or snort a little, just don't use it
6 every day, and don't use it to get out of
7 depressions."

8 The needs of young people
9 and the ability of political bodies to give:

10 Most of the propaganda
11 that has been aimed at youth with regards to drug
12 use has been inept with little or no "market
13 research" and no understanding of the basic issues
14 involved. Many of the youth want and need help
15 and they are asking for it but what they are
16 asking for and what the service agencies are
17 prepared to give are two different things. Most
18 youth see through the propaganda aimed at them,
19 causing it to boomerang. In cases where some
20 effort is made to be objective and informative
21 only the negative aspects are covered. No mention
22 is made of the possible or likely interesting
23 or worthwhile aspects. The young people rightly
24 see this as an attempt to avoid some of the basic
25 issues and will call for more candor if the
26 situation is open enough to permit it. Many
27 young people feel that these drugs that are
28 available can have some very worthwhile effects
29 and they want to know how to use them. The compiled
30 goals of many of these youth reads in a strangely

familiar way: peace, love, brotherhood, greater awareness, self knowledge. Is it possible that we have forgotten the significance of these things? Of course an official agency cannot admit that drug use might have anything to do with a quest for these things. The result is that the young people are finding their own leaders and explanations -- astrology, magic, personality cults and other such dead-end solutions. Not all of them are falling into these traps, but enough to cause considerable concern to one who feels that technology can be both beautiful and useful.

There is a danger that if government and service agencies cannot respond to the legitimate needs and aspirations of a significant portion of the younger generation that these people will be lost at a time when we need to bring to bear the collective imagination and ability of everyone to solve the really critical problems of our time -- overpopulation, pollution, political systems that do not relate to the people, and the ever increasing threat of accidental or intentional nuclear exchange.

24 THE CHAIRMAN: Thank you

25 Mr. Low. On page 4 you say many of the youth

26 seek help. What help do they seek here?

27 MR. LOW: In my experience, the
28 youth who are either directly or peripherally
29 involved with drugs seem to know the details
30 of the dangers involved in the use -- they

1 know the psychology, the sociology, they know
2 what kinds of things to avoid. It doesn't mean
3 to say that they avoid them necessarily and when
4 I go to talk to groups of young people there
5 is something about me that causes them to
6 think that, for some reason they can force me
7 into an extremely liberal position, and they will
8 ask me or say, "look, we don't want to hear
9 anymore about the psychology of drug use, or
10 the sociology of drug use, what we want to
11 hear is how we can use marijuana or hashish
12 to understand people better, how we can use
13 these drugs to understand what it is to feel
14 peace, how we can use these drugs to communicate
15 better." The information that a lot of these
16 kids seem to be looking for is of a positive
17 and constructive nature, working on the
18 assumption that these drugs will be used.
19 I have also found that amongst young people,
20 even those who did not use the drugs themselves
21 they have accepted drug use as being a part of
22 their world. Very few of the young people I
23 have encountered are actually actively hostile
24 to drugs being present on the scene.

25 MR. STEIN: Could you
26 give a little indication, perhaps you did before
27 I got here, in which case I apologize --
28 exactly what the Regional Mental Health Planning
29 Council Task Force on drugs is?

30 MR. LOW: Sure. In the

1 Province of Alberta we have a decentralized mental
2 health plan arising out of the recommendations of the
3 (Blair) Commission Report on Mental Health in Alberta.
4 As a result of his recommendations, a number of
5 planning councils have been set up in the Province --
6 there is one in Edmonton, one in Calgary, and also,
7 one being set up in Lethbridge.

8 This planning council, made
9 up of a broad base of resource people, professionals,
10 spins off task groups to look after specific problems
11 associated with mental health in the community.

12 Last December, the planning
13 council spun off the Task Force on Drugs. Now, this
14 had gone through a fairly long stage of political
15 evolution before my being involved with community
16 drug activities since last August. This consisted
17 of a group of seven or eight people who had been
18 interested in trying to do something constructive
19 and helpful on the drug scene here in Calgary. This
20 has evolved now to a formal Task Force.

21 The Task Force has made two
22 recommendations to the Department of Health in Alberta,
23 which have been carried out. We have created a Drug
24 Advisory Council that is a sub-group of a legally
25 constituted agency and it is now operating at the
26 Crisis and Information Centre in the city.

27 MR. STEIN: Right. I had the
28 opportunity, when I arrived from the airport, to --
29 I want to make sure this is connected with what I
30 have just heard -- but I was interested in the

1 conversation I had with Mr. Oakey -- I forget who
2 it was -- talked a bit about the Crisis and Infor-
3 mation Centre. Could you tell us a bit -- I don't
4 know if my colleagues are familiar -- an indication,
5 a bit about what the actual experience there has
6 been, how long has it been operating, what do you
7 anticipate to be ---

8 MR. LOW: I would pass the
9 detailed explanation of this to Don Bruce who will
10 be presenting a brief, I think; but, yes, I can give
11 you a very quick rundown.

12 We have only been in operation
13 now for about three, four days, officially, and
14 operating unofficially for approximately two weeks.
15 We are still at the stage of training volunteers.
16 At this point of time, we don't know what to expect
17 but it seems to be largely informational: we are
18 getting large numbers of telephone calls every day
19 asking for information. There are a fair number of
20 crisis-type situations, but not all that many.

21 MR. STEIN: Is it your view
22 that this facility will be devoting itself mostly
23 to situations with young people or how do you
24 visualize the service in terms of the teenage group?

25 MR. LOW: No, we are trying to
26 make this a total community service. We are doing
27 something that, to the best of our knowledge, has not
28 been attempted anywhere else in North America. We
29 are attempting to set up a broad-based informational
30 service directed primarily at the adults, at the

1 service agencies in town, at professionals who are
2 required to know something about drug use but inevit-
3 ably do not.

4 We are attempting to work in a
5 research base to keep track of our operations, to
6 accumulate more information, again, on the drug scene
7 here, and to -- something along the line of good
8 publishable scientific research on the drug situation
9 here in Calgary, and to provide a Crisis and In-
10 formation Service for young people and further, to
11 do evaluation of the effectiveness of crisis tech-
12 niques, to develop them.

13 As you probably appreciate, the
14 problem of bad trips is probably best dealt with by
15 psychedelic therapists. These are people who can
16 handle bad trips much better than any psychiatrist.
17 That is why we want to find out what is happening
18 here so we can understand what constitutes a bad trip.

19 I have been looking at this now
20 for about eight months and I plan to spend a year's
21 research time or so into the phenomenon of the bad
22 trip. But at this point, it is not a clear-cut
23 professional field for anyone, at this point. It
24 seems to be partly medical, partly psychological,
25 partly social, and partly a bunch of other things.
26 We are trying to get professionals involved so we
27 have quite a large professional advisory staff --
28 people who are providing liaisons with other pro-
29 fessionals in the community. Our goal is primarily
30 educational.

1 This afternoon we are starting
2 a conference in Banff run by the Drug Advisory
3 Council for 150 professionals in the city: high
4 school principals, guidance counsellors, parole
5 officers, policemen, and so on. This will be
6 informational and educational. We are flying in
7 Robert Simm from Toronto, and (Paul Smith) from
8 Berkeley.

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1 THE CHAIRMAN: Dr. Lehmann?

2 DR. LEHMANN: Mr. Low,

3 I note that you specified that the two main
4 constructive tasks the Task Force has identified
5 are information and crisis intervention. That
6 would mean then, would it, that prevention and
7 treatment other than classed/^{as} intervention,
8 management, prevention and treatment are not
9 encompassed in the efforts? For instance, and
10 if this is so, this would then mean advice
11 appointedly would not be given, I gather. What
12 would you do, for instance, with the information
13 about heroin? Because as you stated here, it
14 is perfectly objective information. It is
15 not exaggerated. It would be of the same kind,
16 as -well, you can drive a car 120 miles
17 per hour, it is beautiful, if you make sure
18 it is not on a two-way lane highway, and you
19 are sober, and you know how to use a car
20 properly and the car is in good condition.
21 Under these conditions there is really not much
22 danger to it, and it is beautiful. Now, that
23 is the objective information. Do you focus
24 on these two objectives, or do you go any
25 further?

26 MR. LOW: We are
27 primarily focusing on those two objectives,
28 mainly because of the difficulty that you have
29 just put your finger on, and that is just
30 as soon as we start getting into the overall

1 prevention aspect we start running into problems,
2 problems of credibility, problems of losing
3 our relationship with the young people in
4 the community. If we knew a good way to
5 make sure that young people would not use
6 heroin, would not use barbiturates, would not
7 use the amphetamines, we would apply them.
8 That is not to say that we are not interested
9 in a preventive aspect. I think it would
10 be safe to say that in connection with any
11 clear cut problem associated with drug use,
12 a clear cut medical or psychological problem
13 that most physicians or psychologists would
14 agree upon as opposed to problems that
15 are not so clear cut and some people would
16 not agree that they are a clear cut problem,
17 we would give the counselee advice to the
18 effect that he is likely to make his life
19 worse if he continues on using these substances in
20 that particular way. I think in -- we are
21 operating perhaps naively perhaps at this
22 point but very safely, I think, on the assumption
23 that human beings can and will make rational
24 and healthy decisions if you give them
25 adequate information and opportunity to do so.
26 We are going to concentrate on the information,
27 point out to the kid the kind of problems he can
28 get into if he does use heroin, and if he is
29 strong enough to use it in a way that this
30 attitude desensitization indicates that the kid

1 might use it, okay. But the probability of him
2 being able to maintain that strength or to be
3 aware of when he is just barely slipping over
4 the line is pretty low.

5 DR. LEHMANN: You do stress
6 this probabilistic or statistical potential for
7 trouble?

8 MR. LOW: Yes. We have
9 to, mainly because most of the people we come
10 in contact with who are using drugs, are not
11 really running into serious difficulty with them.
12 I have come in contact with hundreds of people
13 who have used LSD, thousands of people who have
14 used marijuana and hashish, dozens and dozens of
15 people who have used heroin and opium, and very
16 few -- a very small percentage of these people
17 would I consider to be in need of any kind of
18 medical or psychological, remedial intervention.

19 THE CHAIRMAN: How do you
20 know they are not, Mr. Low, how do you know
21 they are not running into any problems as you
22 say, and what is your basis for -- first of all
23 could you give us a little more of an idea what
24 you consider to be a problem in the mental,
25 physical sphere, for example?

26 MR. LOW: In the physical
27 sphere, I would say, any severe physio-
28 logical disruption would be a problem of
29 the sort that would impair reasonably functional,
30 biological activity, in other words,

1 irreparable physiological damage, acute infection.
2 In some ways addiction can be ^aphysiological or
3 mental problem. In the psychological sphere, I
4 would consider anything that would produce a
5 gross behaviour in ^{his}functions or where the individual
6 is no longer able to cope with problems arising
7 out of his life situation. In the most cases
8 the people I have encountered who have been using
9 these drugs have not shown any acute or chronic
10 psychological debilitation or medical debilitation.

11 THE CHAIRMAN: How do
12 you feel that you are able to judge the long term
13 affects? Do you think -- do you feel you are
14 able to judge the effects on intellectual cognizance
15 or psychomotor ---

16 MR. LOW: No, but I don't
17 think anyone else is either. This is an extremely
18 difficult area as you are probably aware.
19 Psychiatry and psycho-pathology are in a state
20 now where they are having to re-evaluate the
21 medical motto for mental illness and the notions
22 of what constitutes normalcy and health are
23 changing pretty rapidly, or at least we are
24 getting some sort of prospective on it and
25 trying to get away from the old custodial
26 idea of mental illness. This is all
27 part of, I think, the social evolution. It seems
28 to be going on in the United States and in
29 Canada now, and seems to be very much connected
30 with the attitudes of the young people which

1 is a drawing back from purely objective experience
2 and opening up a subjective experience which
3 is not at all novel in history.

As a matter of fact, the particular balance that we have achieved in this culture between the subjective and objective worlds seems to be peculiarly abnormal in comparison with other cultures. Middle eastern cultures, for instance, do not have nearly the prejudice against subjective experience that we have in our culture. The American Indian did not have any clear cut lines of discrimination between subjective and objective realities that we do. And I see that a lot of this drug use, a lot of the Renaissance revolutionary kinds of things that are coming out of the movements in the United States and Canada has been an attempt of coming back to some of the subjective, spiritual, whatever you want to call them, kinds of values, and gratifications. And these things are just not covered by traditional psychiatric or psycho-pathological techniques. As you are probably aware, psychiatrists and psycho-pathologists have been used by cultural agencies to brand a particular deviant segment of the population as being in some sense pathological which then allows the agency to step in and apply some sort of remedial measures. This reaches an extreme in the authoritarian Communist countries where there are political

1 asylums, insane asylums, this sort of thing
2 for people who are not towing the official
3 dialectic line, and who are regarded as being
4 somehow mentally ill.

5 DR. LEHMANN: But I
6 don't know that psychiatry has been used that
7 way. It may be ⁱⁿanother ideological society,
8 but I don't know whether in our society it works.

9 MR. LOW: I can give
10 you an example of this sort of thing. This
11 thing is being done primarily by the mass-media.
12 Up until just recently, in fact, up until the
13 present time it is possible to pick up almost
14 any newspaper, in fact, my original study was
15 prompted on this basis, and read the reports
16 of some psychiatrist who has branded all long-
17 haired hippies as being personality disordered,
18 deprived, some other kind of pathological,
19 analytical system applied to this person in
20 such a way, or this group of people in such a
21 way to indicate that, sure, yes, there is
22 something very, very wrong there. Anybody who
23 uses marijuana is obviously personality disordered
24 because the psychiatrist has said it is so. And
25 whether or not this is in fact, the official
26 view of the agency, this is the sort of thing
27 that comes through mass media, and this is the
28 sort of thing that people believe.

29 DR. LEHMANN: In other
30 words the press has been giving the impression

1 that psychiatry might be used as an agent of
2 the establishment. But what you really do say
3 is that some newspapers write that some
4 psychiatrists, not necessarily as an agent of
5 the establishment, but perhaps because they
6 are mistaken, but some psychiatrists, not
7 psychiatry as such have made ^{the statement that} some long haired
8 people may be quite degenerate people. That
9 doesn't mean all long haired people.

10 MR. LOW: I didn't mean
11 to say all psychiatrists could be used in this
12 way, but at any given time a newspaper or ^{social} agency
13 could find one psychiatrist who could be
14 used in this way.

15 THE CHAIRMAN: In your
16 observations on motivation, you begin I think
17 by saying it must not be regarded -- yes, the
18 ^{using} marijuana/population has not shown any general
19 sociopathic or psychopathic tendency ---

20 In any event, under
21 motivation you speak on the whole of positive, of
22 what one might describe as positive motivation
23 and drugs as instruments for achieving these
24 ends. Now, do you feel that there are no
25 negative motivations?

26 MR. LOW: If there can
27 be such a thing I think most of the motivations
28 or all perhaps, I am not sure what it would be
29 in a psycho-dynamic sense, to have a negative
30 motivation, but I think that most people start

1 out using drugs for reasonably normal reasons
2 in the sense that they are looking for the same
3 kinds of things as everybody else is looking for.
4 But these things go wrong, in the same sense that
5 -- one of the analogies that I have used in my
6 early attempts to understand what was happening
7 with some kinds of drug use, kids that were
8 obviously having an extremely difficult time,
9 but were going back anyway, is the motto that
10 is familiar to us all. Perhaps in the little
11 story if you were a baker's helper living in
12 Spain in the early 1500's and one of your
13 buddies you hadn't seen in a long time came
14 back, and he was sort of tanned and said, "Hey
15 Jaun, you missed a really great time. What
16 you have got to do is quit this baker's job and
17 sign on with this voyage and come with us to
18 this great place. We sail on to the west and
19 it is really fascinating, far better than anything
20 you could be doing here." And Juan decides to
21 quit his job and he signs on the voyage and half
22 way across the ocean he gets scurvy and his
23 gums start to rot, and his teeth fall out,
24 and he gets washed overboard and he lands in
25 Central America, and he gets bitten by mosquitoes.
26 He gets malaria, he slogs around in the mud,
27 shot at by Indians, and so on, doesn't find any
28 goal, gets back on the ship looking forward to
29 getting back home. And, when he does get home,
30 he takes up his job again, if he can still walk,

1 and sticks with it for about six months and then
2 signs on for another voyage. Now sure, things
3 do go wrong here, and the kid who starts off
4 really enjoying the speed rush, is doing something--
5 he is going to a place that is perhaps a little
6 more risky, and you can achieve an interesting
7 perspective, and good feelings by going to
8 Miami, or you can achieve the same things by
9 going to Calcutta. The probability of getting sick
10 is a little more in Calcutta, but maybe the proba-
11 bility of getting mugged is a little more in
12 Miami.

13 But these things start off
14 for, I believe, reasonably good psychological
15 reasons. They go bad mainly because the people
16 involved don't know how to handle the risks,
17 don't know how to weigh the various options that
18 they are involved with and they get caught up
19 in a pattern that starts to close off their options
20 and it can and does destroy you. But this is
21 not, I think, any kind of an absolute deterrent.

22 THE CHAIRMAN: But, when
23 you have described the search for experience here,
24 in some terms of exploration, I guess that is
25 partly the meaning of the word "trip" , the
26 meaning of the word "trip," and we have heard
27 this, of course, in other explanations, and do
28 you not think among other explanations we have
29 heard that simple desire to evade or escape
30 from some stress or challenge, or problem,

1 personal problem or conflict, or test of some
2 kind and in some cases even a certain self
3 destructive desire.

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1 MR. LOW: I don't hold much
2 value with these types of explanations, mainly
3 because the escapist explanation necessarily implies
4 a model for life, for existence that implies some
5 clear-cut notion of where people should be. In
6 other words, to escape, you must first have an idea
7 of where you should be. It is a kind of military
8 model.

Now, in terms of psychological
escapism, if you like, the type of escapism where
the person actually impairs his ability to cope
with problems effectively, using his own resources,
I don't find this to be much, or a significant
factor in the use of psychedelic drugs. In fact
in many cases, people will not use the psychedelic
drugs if they have things weighing upon them, if

1 they have problems, because in many cases the drugs
2 will make the problems worse. It can amplify the
3 problems ten thousandfold. On the other hand,
4 substances like the opiates or barbiturates are
5 very prone to misuse in this way, in that they can
6 shut off the feelings, the sensitivity, and allow
7 the person to drift over problems and anxiety to
8 the detriment of his ability to cope with his own
9 resources. But I don't see this as significant, yet,
10 among the students; much more significant among
11 older people, particularly housewives using tranquil-
12 lizers as a kind of problem-solving technique.

13 THE CHAIRMAN: Why do you
14 describe positive -- if I may use my terms -- positive
15 and negative,^{or} essentially different motivations to
16 the young than to older people? What is the basis
17 for that?

18 MR. LOW: I don't really ascribe
19 it as motivation. I think we are all looking for
20 these things, peace, brotherhood, love, personal
21 identity. It simply indicates that most of us older
22 people have become involved in a number of activities
23 which have become self-supportive, and this is the
24 academic, ivory tower, type of syndrome. For some-
25 thing to be interesting and involving, all we have
26 to do is get a certain number of associations and then
27 become self-supporting,
28 you / you can spend the rest of your life studying
29 the structure of the wing on a housefly. And most of us over twenty-
30 five, getting on sort of thing, have started to get
 involved in the kind of -- we have a lot of associa-

1 tions with a lot of different activities, and we find--
2 derive our meaning out of this, and we stop
3 looking for these Holy Grails of peace, brotherhood,
4 love; that young people are looking for because
5 they don't have the meaningful involvement, the
6 number of involvements as the older people.

7 The motivations are the same.
8 It is just that by the process of living longer
9 and having more experience, the older people have
10 gotten themselves into a behavioural pattern that
11 is reasonably satisfying and stable for them, and
12 they are not quite so likely to be really seriously
13 looking for things, like universal peace and brother-
14 hood. They more often pay lip service to these
15 values than the young people, simply because they
16 have found something which is reasonably satisfying.
17 And to carry on and look for these other things
18 in an absolute sense, would get in their way.

19 THE CHAIRMAN: In your obser-
20 vation is there something different about this
21 generation of youth, and the conditions they face than/
22 previous one?

23 MR. LOW: Yes, I think there is
24 no question that we are dealing now with a kind of
25 change in generational differences that has never
26 occurred before in the history of mankind. I refer
27 now to the only, well, reason model, or explanation
28 that I have encountered, and that is in Margaret
29 Mead's book, in which she analyzes -- I have not
30 yet read the book; I have ordered it, and it seems

1 to be in terms of the direction that it is going,
2 an interesting and provoking explanation of what
3 is happening. It seems to me, as well, from my own
4 experience, that these young people are at home in
5 some ways with a world that starts off with, from
6 the time they are old enough to crawl up to the
7 television set and turn it on, to be bombarded with
8 ideas and having relatively intense experience with
9 images and immediacy, which, those of us who were
10 not subjected to this sort of thing could not
11 possibly have.

12 I find that when I talk to
13 junior high school students, kids eleven, twelve
14 years old, that they have a kind of sophistication
15 about world affairs, a kind of concern about the
16 direction which society is taking, that would have
17 been rare in a university student about ten or
18 fifteen years ago. I cannot see how this can but
19 affect their options, their life-style. I think in
20 Margaret Mead's analysis, she said that traditionally,
21 up until about a hundred years ago or so, it was
22 taken for granted that the new generation would just
23 assume the goals of the old generation, that the
24 values and the problems would be the same.

25 At the turn of the century, it
26 started to change somewhat, and by the time we reached
27 the Second World War, it was the case that the problems
28 were different but the values were still the same,
29 so it was still possible for the parents' ^{and children} to function
30 in the same common space.

1 Since that time, she has pointed
2 out, it is no longer possible. The world has changed
3 so much, so rapidly, that the value systems can no
4 longer be commiserate. The problems are different,
5 the value systems are different; she says, in effect,
6 what we are going to have to do, if we are going to
7 get along in this world that we have made, is start
8 to learn something from the kids who have been born
9 in it, and who, in effect, are having to swim
10 in it.

11 THE CHAIRMAN: How is this
12 difference related to drug use?

13 MR. LOW: I think it has shown
14 up in an acceptance of new experience, a type of
15 openness, if you like, to experience; perhaps a
16 little less rigid goal oriented behaviour, that
17 the younger people seem to be a little more willing
18 to play things by ear, to seek a little more, to
19 get out, travel, try different things, to challenge
20 almost any value that anybody throws out to them,
21 and this is not very strange considering the number
22 of values they are exposed to on the television set.
23 One minute a commercial says, "This is the best", and
24 the next minute a commercial says another product
25 is the best.

26 In the same line, you get
27 exposed to this for a while, and you get skeptical
28 and the kids have become skeptical. And rather than
29 looking for meaning in an informational, in a rational
30 sense, they are looking for it in an experiential

1 sense which, I think, is essentially basically
2 different from those of us who are over twenty-five,
3 or for those, particularly, who got caught in the
4 tail end or the beginning of the great science push
5 that occurred as a result of the nuclear and space
6 competition between the United States and the Soviet
7 Union, where heavy emphasis is placed on rationality,
8 logic and objectivity.

9 DR. LEHMANN: If I may come
10 back to some more immediate and mundane questions,
11 that have been troubling us on the Commission from
12 time to time -- as we listen to the testimonies
13 that we get today, it becomes quite evident that
14 there is in those who man the agencies for crisis
15 intervention and information, some sort of an under-
16 lying philosophy or attitude, orientation; call it
17 what you want, that is more than just rationally
18 suspicious of the Establishment, but somewhat
19 paranoid -- some sort of sinister pragmatality.

20 For instance, there is a tacit
21 agreement with the young person in trouble on a bad
22 trip, "Don't go to established hospitals, because
23 they will be hostile to you, because you wear beads
24 and have long hair. They will treat you awfully."
25 Secondly, "If they are not hostile, they are quite
26 incompetent, they don't know what drugs to use,
27 they are not up to date in their medical information,
28 and even if they were, they don't know how to talk
29 to you. There are other people who know how to do
30 that much better."

1 Thirdly, there is this sinister
2 plot, apparently in the minds of many, that psychiatry,
3 or medicine, or
4 /the police; they are all up in arms against you --
5 anyway they are agents to instill something in you,
6 to brainwash you, and "Keep away from them."

7 Now, I wonder to what extent
8 that might interfere with Crisis Intervention in
9 the long run? It would be fine if there would be
10 enough of these agencies to completely become
11 independent of any other established agencies for
12 crisis intervention. But if not, there is a certain
rather alarming problem area, it seems to me.

13 MR. LOW: Yes. I think that
14 there is. Our approach to this has been very much
15 one of realization that we can't do it all ourselves,
16 and if our activities are going to have any meaning
17 for the community, we have got to get everybody
18 involved. Unfortunately, what you are describing
19 as a kind of paranoia, I think is not so much
20 paranoia as reality perception, in many cases. I can
21 cite incidences here, in the city of Calgary, where
22 in fact, these kinds of fears have been borne out.

23 DR. LEHMANN: Excuse me for
24 interrupting, but I made this distinction between
25 justified suspicion, which is very justified in many
26 instances, and irrational kind of attitude and
27 unjustified generalizations; because, for instance,
28 a newspaper wrote up one psychiatrist who might be
29 quite misinformed, sensationaly, that is, the
30 attitude of psychiatry being an agent of the Esta-

1 lishment. This is paranoia.

2 MR. LOW: Right.

3 DR. LEHMANN: And that all
4 hospitals are hostile, and all medical doctors are
5 incompetent in dealing with bad trips might have been
6 true two or three years ago. It isn't any more.
7 This is irrational. This is generalization.

8 MR. LOW: Perhaps -- I'm not
9 sure I would say it is irrational, it is unfounded,
10 and it appears to/^{be} I think probably in terms of
11 generalization utility, it still holds a fair degree
12 of use for most young with long hair and who belong
13 to the hippie subculture, and of course, it is on
14 generalization utility that human beings go,
15 than originality, perhaps.

16 In this measure, we are trying
17 to work very closely with the service agencies which
18 might help to deal with these kinds of problems.
19 We are not attempting to do it alone. We feel that
20 we have been informed, we have on our Advisory
21 Committee physicians and psychiatrists from every major
22 hospital in /the city, and they have told us that they don't
23 understand the problems involved, that they are
24 willing to learn with us and that they have things
25 to teach us, we have things to teach them, and they
26 are going to provide a liaison with the hospitals,
27 people providing liaison with other services,
28 counselling and so on, and we have to do this thing
29 together as an informational and educational type
30 of work.

1 DR. LEHMANN: This sounds good,
2 but I am just wondering whether the deep-rooted
3 ambivalence may not be a hindrance to this sort of
4 co-ordination and co-operation with other forces,
5 and that is really the thing that is so troubling.
6 If one says, "Well, you have to go to the hospital,
7 but you know, deep down, I don't really feel they will
8 help you so much, what can we do?" This kind of
9 intolerant attitude is not going to make for very
10 good success.

11 MR. LOW: I don't think we have
12 this attitude in any blind sense. If we have the
13 attitude I think it is problematic oriented, or
14 problem oriented, because, "OK, you send this kid to
15 the hospital now, he is just going to be shunted off,
16 he is not going to get the proper treatment." That
17 does not mean we are down on hospitals or down on
18 physicians. It just means, to say in a straight
19 empirical sense, we are not going to get the kinds
20 of results we are looking for here. Now, how do
21 we change the situation so we can get the kinds of
22 results we are looking for?

23 I don't think our administrators,
24 and myself being Vice-Chairman of the Drug Advisory
25 Council, would have any preconceived schemes or
26 prejudices against these, and I think we can work it
27 out. We don't have to say that this is going to
28 be impossible to teach these people. We still have
29 a fairly healthy outlook.

30 MR. STEIN: What is your under-

1 standing of your relationships at the present time
2 with law enforcement? Are they part of the community
3 you referred to as being involved? Are they part
4 of your larger community that you are involved in
5 working with, and which you have just said is operating
6 in a co-operative way?

7 MR. LOW: Yes. I think they are
8 co-operating in a minimal way for a number of reasons.
9 The job of the police is spelled out very clearly.
10 They know what they have to do. I think that they
11 have as much as admitted that they cannot do their
12 job because simply the thing has gotten out of hand.
13 They want to have some help and aid in the situation,
14 something to take some of the pressure off of them
15 and they are quite willing to get involved to this
16 extent, but they are very busy and there is really
17 not too terribly much we can do for the police in
18 this town. We can't very well provide them with lists
19 of people to arrest.

20 MR. STEIN: Let me be more
21 specific. In other communities that we have been in
22 and listened to similar kinds of proposals or actually
23 heard about similar kinds of projects, there has had
24 to be a working-through, let's call it, of some kind
25 of understanding between the law enforcement organi-
26 zations, be they city or R.C.M.P., and the local
27 crisis intervention, store-front drop-in centre;
28 call it what you will. I don't propose that this
29 has been an easy thing in other communities. I
30 wondered, however, if you could ---

1 MR. LOW: We haven't really had
2 great difficulties yet. We have anticipated some.
3 We don't expect the way to be smooth. However, we
4 have an extremely broad base of men behind this thing
5 who are, I think, sincerely interested in trying to
6 do something anyway, minimize some kinds of problems
7 associated with drug use. I think the police are
8 aware of our sincerity in this. We are aware of the
9 difficulties the police have. We are not down on
10 the police.

11 MR. STEIN: What was the business
12 you started to refer to -- obviously you are not
13 going to be in a position of turning in names to the
14 police.

15 MR. LOW: They have got enough
16 names already.

17 MR. STEIN: Thank you.

18 THE CHAIRMAN: Mr. Low, you spoke
19 of your belief in the capacity of people to make
20 wise personal choices, that, if given adequate infor-
21 mation to use. Have you set any age limits on that
22 assumption?

23 MR. LOW: I think around the
24 junior high school level, it starts to get pretty
25 low. Beyond that it isn't in the ball game entirely.
26 The little bit of work that I have done with adoles-
27 cents who have been glue sniffing or involved in
28 various other forms of drug use, has indicated to
29 me that the motivations and the factors involved here
30 are very, very different from the motivations and

1 factors involved in older groups.

2 THE CHAIRMAN: Then, what is
3 to become, in your judgment, the wise, social response
4 insofar as this age group is concerned, the subject
5 of non-medical drug use, and information and so on?

6 MR. LOW: I think probably the
7 best social response for this group would be through
8 the family, just reasonably careful monitoring of the
9 kids' activities. I don't mean a Big Brother kind
10 of thing, but so that the parents knew what the kid
11 was up to, had a reasonably good communication with
12 him, and was doing something interesting. Now, when
13 I say that the motivations involved behind the kids'
14 use, particularly, glue sniffing, which is the biggest
15 problem at this age group, or solvent sniffing,
16 gasoline and so on, the cases where these problems
17 seem to be most severe do seem to be cases where the
18 individual, where the young person has had an exces-
19 sively limited life context, where he doesn't have
20 that very many options for doing interesting things.
21 And I feel that if the parents were made aware that
22 this kid could, if he desired, or if he fell into
23 the pattern of doing so through his peers, go down
24 to the store and buy fifteen tubes of glue, squirt
25 it all in a plastic bag, put it over his head,
26 and get himself really intoxicated for a period of
27 an hour or so, and that he is not likely to do this
28 sort of thing, at least not likely to do it very
29 often if he has other interesting and worthwhile
30 things to do.

1 THE CHAIRMAN: What should be
2 the approach of parents who learn that their children,
3 say, under twelve, have been invited to use heroin?

4 MR. LOW: The approach usually
5 would be panic. I don't know whether this would be
6 the best approach.

I think that -- well, it is kind of hard to imagine. I am a parent myself, and I am trying to think of what -- this is an extremely difficult kind of thing to conceptualize because of the concerns that parents have, but I think that the parents should respond immediately by an appraisal of their relationship with the child. Obviously, the parent cannot prevent the child from using heroin if the child so desires. But an appraisal of the parent's relationship with the child to the end of making sure that the lines of communication were open, that the child had a number, again, of interesting things to do.

If it appeared that the child
was in imminent danger of using heroin, a twelve
year old kid using heroin, I think a parent would be
stupid if he left the kid in the same context. I
think he should move him, get him out of it, move,
find a new context for him, something else that is
going to be interesting. Usually the availability
of heroin and the pressures to use it are fantastically
related, and I think for a twelve year old, that is
a sufficient threat that they should get out of it.

THE CHAIRMAN: What is your

1 view on the responsibility of government in relation
2 to the non-medical drug use?

3 MR. LOW: This is an extremely
4 difficult area, and conceptually, because of the
5 number of variables involved in such things as social
6 control. I feel that the laws, as established by
7 our government, do not have any remedial value to
8 them, which leaves only the inhibitory function.
9 Obviously, the laws do have an inhibitory function
10 for a percentage of the people, but it is also clear
11 that this inhibitory function isn't working for a
12 very significant proportion of the population. I am
13 not clear in my own mind as to whether or not the
14 inhibitory function is best left for some drugs.
15 I think that for some drugs such as marijuana and
16 hashish, the inhibitory function that the laws might
17 be serving on the positive value side are considerably
18 less than the negative value side, that is, of
19 screwing up a lot of young people's lives by applying
20 legal sanctions to them.

21 I think that probably as a means
22 of social control, governments are approaching a kind
23 of bankruptcy when they have to resort to laws. I
24 think that there are good ways of achieving social
25 control through education; participation, and that
26 these ways, by and large, will be more effective
27 than legislation. In many cases, legislation back-
28 fires, boomerangs, makes these substances more
29 interesting, the use of these substances more interes-
30 ting than if the legislation wasn't there. I can

1 see the role of government cutting back the laws
2 applying to non-medical drug use, slowly. At the same
3 time, developing an intensive information gathering
4 program, an education program, to let people know
5 what they are up to, what kinds of dangers are involved,
6 and what kinds of attitudes it is possible to hold
7 with regard to these various things; to develop some
8 other form in the communities of social control than
9 the legal ones that I think should be removed in the
10 sense I do not see a person who is cranking speed
11 or using LSD as being a criminal in any but a very
12 limited, inarbitrary way.

13 Most of the people that I have
14 encountered, that have been using drugs non-medically,
15 were not criminally inclined, except inasmuch as they
16 used the drugs that they used.

17 THE CHAIRMAN: Dr. Lehmann?

18 DR. LEHMANN: By the same token,
19 would you be against the established legal regulations
20 that prevent people; or let's say, the quarantine
21 regulations. Somebody may be -- may have been
22 infected with cholera or plague or be a type of
23 carrier, and therefore, he is now by law being
24 prevented from going about his business. If he is
25 expert about conducting himself, he could be perfectly
26 safe. He would not be infecting anyone. The law
27 simply assumes that he would not be expert enough
28 and therefore he ought to be restricted. Do you
29 agree with this kind of legislation?

30 MR. LOW: I think here we are

1 dealing with a kind of marginal utility, critical
2 path planning, if you like, that the law, I think,
3 has no business regulating individuals' lives any more
4 than it absolutely has to to guarantee the survival
5 and the smooth functioning of society. This doesn't
6 mean the maintaining of the status quo, it just means
7 the survival of the people within the society, in
8 a reasonable happy life.

9 I think that quarantines have
10 to be maintained. I think that in the case of some
11 non-medical drug use, we are not yet clear. It is
12 pretty clear of what would happen if we let somebody
13 on the loose who had a bad case of cholera or smallpox
14 or something along these lines. It is not at all
15 clear what kinds of dangers are involved through the
16 use of marijuana or hashish. And in some cases, I
17 think it is not at all clear what to expect in the
18 use of LSD, psilocybin , mescaline, and so on. Even
19 the use of heroin, opium, almost any drugs; we just
20 really are not sure what the dangers are that are
21 involved, their etiology, how they relate to social
22 and cultural levels, concept and this type of thing.

23 But to put a person in jail on
24 the odd chance that his activity might at some
25 future time lead to some difficulty, I think, is a
26 peculiar reversal of real traditions. I cannot
27 see us making outlaws, of finding sanctions where
28 we have these vague suspicions that somehow this
29 might prove to be dangerous at some future time.
30 We just don't know now. It is true we don't know

1 what the long term effects of any of these drugs
2 are, but we have got a pretty good idea of some of
3 the drugs that have been around and abused for a
4 long time, such as opium, and we know the long term
5 effects don't look very good.

6 But with marijuana and hashish,
7 and LSD, it is not quite so clear.

8 DR. LEHMANN: With speed it is.

9 MR. LOW: With speed, it probably
10 is; right. I think that with speed we have, again,
11 a peculiar kind of attitude in the law, and penalties
12 in the law. And enforcement patterns, anyway, with
13 regard to speed are of considerably less severity
14 than the enforcement patterns for substances which would
15 seem to be much more problematic. And I think that this
16 is something that definitely should be cleared up, and
17 if we are going to apply legal sanctions against
18 any activity, whether it be drug taking or anything
19 else, we had better have a pretty clear idea of the
20 probability of problems arising. We cannot go on
21 ideology; we cannot go on conjecture of this. We
22 cannot say that this kid may possibly go and contemplate
23 his navel for the rest of his life. Therefore, we
24 have to pass a law against this sort of thing.
25 If a kid wants to do that, it is up to him, not the
26 State.

27 THE CHAIRMAN: It is said to
28 us that the effects of heroin are bad, assumed to
29 be bad, and that there is a phenomenon of multiple
30 drug use which predisposes experimentiveness, and

1 regardless of how effective the law may be, it may
2 be presumed to have some effect on restricting the
3 availability or stigmatize some of the availability
4 and this relative effectiveness is no reason for
5 abandoning that measure of social control for what
6 it is worth, in order to control as far as possible
7 the total exposure to multiple drug use, involving
8 contact and frequent exposure^{to}/fairly harmful drugs
9 like heroin. This is what is put before us.

10 MR. LOW: I would agree, of
11 course, the total abandonment would lead to more
12 problems than it would solve, but by the same token,
13 I think that we cannot look at simply the inhibitory
14 effect of the law as a positive value without looking
15 at the negative values associated with the inhibitory
16 effect. And I think that it would be folly to try
17 to carry on using the law as a primary means of
18 social control. Laws against heroin use, distribution
19 and importation are extremely severe, and yet heroin
20 use is increasing. Availability of heroin is better
21 now than it ever has been before, regardless of the
22 efforts of the International Police, the customs
23 inspectors and the courts of the law.

I feel the best way to approach
these kinds of problems is not through the courts
but through the attitudes of the community, the
attitudes of the families and so on. I think it
probably would be constructive to take a look at
the etiology of the opium problem in China with
respect to the etiology/problem in India, and to see

1 how they vary, depending on how the government got
2 involved and how they decided to stigmatize certain
3 kinds of use. It would seem that the biggest drug
4 problems occur when official bodies attempt to use
5 legislation as a form of stigmatization.

6 THE CHAIRMAN: Are there any
7 other questions or observations to Mr. Low's sub-
8 mission? Would anyone else care to give us the
9 benefit of their views at this time? In that case,
10 thank you very much, Mr. Low, for your assistance
11 this morning.

12 We call now on the Reverend
13 Jack Colclough of the Drug Advisory Committee.

14 REVEREND COLCLOUGH: That is
15 a kind of tough name to get around, I realize.

16 THE CHAIRMAN: Excuse me, there
17 was a "c" missing, and I had a phonetic spelling of
18 it which stuck in my mind.

19 REVEREND COLCLOUGH: Well,
20 perhaps the first thing I should say is that my
21 entry into this whole area is very recent. I would
22 mention, last fall I was one who was endeavouring
23 to get together some people to consider this whole
24 area, in which case, I became then connected with the
25 Task Force on Drugs.

26 Perhaps I can make a few comments
27 and then go from there. I realize that this drug
28 age in which we are living has raised many questions,
29 the most popular of which, of course, is "should
30 marijuana be legalized or not?". And I think this

1 is the wrong place to begin, because the question,
2 I think, seeks for an answer where really none exists.
3 And furthermore, such an approach implies that the
4 solution lies hidden somewhere in the answer, whereas
5 in truth -- I see the growing phenomena of the non-
6 medical use of drugs to be understood only if our
7 society is prepared to look with some honesty and
8 with some humility at the values, given ourselves,
9 our goals, as well as some awareness of people who
10 have the right to be, to grow, to love and to be loved.

11 Still, the question of legali-
12 zation persists, and we have been through that just
13 recently, as Ken Low has mentioned in his presentation.
14 I know that youthful proponents of pot smoking are
15 quick to point out that the adult culture which for-
16 bids the use of marijuana while taking trips on ethyl
17 alcohol hasn't a moral leg to stand on. And further-
18 more there is little indication that this generation
19 of adults is prepared to give up its bottle. It
20 would seem that only two alternatives are left for
21 us; either legalizing the use of marijuana or keeping
22 it illegal and thus widening the gap between the
23 older generation and the younger one, which is already
24 super-sensitive to adult hypocrisies.

25 Well, the horns of this dilemma
26 are quite sharp. Some recommend that we legalize
27 marijuana and then control it as we do alcohol, but
28 this rests, of course, on the assumption that we
29 are controlling alcohol -- a proposal which, I am
30 sure, is one of the greatest gags of the year if it

were not so sad. Others warn that the same medical reasons used against cigarette smoking can be cited against marijuana. However, even the most dedicated pot smoker inhales but a tiny fraction of the hot hydrocarbons inhaled by the run-of-the-mill cigarette smoker. If the pot smoker were to inhale the volume of smoke inhaled by the tobacco user, he would find emphysema and even lung cancer would be the least of his difficulties.

I was very impressed with an article written in "Scientific American", last December '69, where Dr. Lester Grinspoon wrote, and the introduction to his article went this way: "There is considerable evidence that the drug marijuana is a comparatively mild intoxicant. Its current notoriety raises interesting questions about the motivations of those who use it and those who seek to punish them."

I realize to raise this whole issue of motivation of the users of pot, as well as that which lies back of the reaction of the older generation to it, is to move into an extremely complex area. From my view as a University Chaplain, this past year, it would seem/such factors as plain curiosity, as adventure, as peer pressure, as recognition, protest, risk, discovery, rebellion, escapism, mystery, frustrations -- these, in part or in some portion of them, as well as, perhaps, in some instances the almost joy of getting adult punity really up-tight about it, and the young person saying, "Well,

1 take a look at what I'm doing, and for the first
2 time in your adult life, take note of who I am."
3 I think there is something of that having to do with
4 this whole desire to "turn on".

5 Of course, this phenomena has
6 been met by a society which has become very up-tight
7 and threatened to see our guidelines ignored, our
8 moral positions questioned, and our authority chal-
9 lenged. And at the same time, I think, we are
10 failing to recognize that some of the anxieties and
11 threats and hostilities which are in our society,
12 we are not facing them and so we are emotionally
13 over-responding to the drug scene. We recognize
14 the need for scapegoats dates well back into history,
15 especially when a nation is unwilling to face up
16 to its violence and inhumanity.

17 The view of our present
18 generation which I hear expressed by many of the
19 students I see, is one that seriously questions
20 our value system. Somewhat appalled to see the adult
21 world mesmerized by a highly skilled and efficient
22 technical structure geared to production, young
23 people sense that somehow this age has lost its
24 capacity "to be". So far, it would appear that
25 all our technological innovations have been used
26 to frustrate rather than to fulfill man in his
27 search for meaning, and young people recognize
28 that our society does not lend itself to the pur-
29 suit of their humanistic goals and aspirations.

30 And so, highly idealistic and

1 critical and very articulate, today's youth are
2 challenging a system that enables science with great
3 skill to save a life or be used to massacre millions.
4 It looks upon this situation with a great deal of
5 criticism. No civilization has been so wasteful
6 of the time of human beings and of their lives.
7 Immense forces are used to enable a man to gain a
8 few seconds of time, yet whole days are wasted by
9 unemployment or by standing in queues outside a
10 government office. Man has set out at tremendous
11 speed, and he is going nowhere. Some adults, I
12 think, are beginning to see that maybe the kids do
13 have a point.

14 Unfortunately, the Church has
15 in most part, I think, fallen prey to this production-
16 line pathology of our day. However, assembly engineered
17 Christians miss the excitement, the risk, the ad-
18 venture and the mystery which has always marked
19 the Christian faith, I believe, at its best. The
20 challenge of such kind of commitment which has
21 "turned on" many people in the past, still can
22 turn on people, is being by-passed by many for the
23 promise of an experience that some claim lies in
24 the chemical age.

25 And so the drug culture has
26 surfaced its "ritual", its "prophets" and its
27 "priests" and I suppose, only time will tell if
28 this religion is here to stay.

29 But, in the meantime, I think,
30 at the back of all the things I have to say, is that

1 we've got to start taking a solid look at what our
2 society is doing to people.

3 Those are some of the comments
4 which I would like to make, and which reflect some
5 thinking in the area and certainly some opportunity
6 to talk with students in the past year. And that
7 will finish this submission.

8 THE CHAIRMAN: Thank you.

9 MR. STEIN: You are presently
10 a university chaplain?

11 REVEREND COLCLOUGH: Right.

12 MR. STEIN: Do you get any
13 sense of how far the seeking and questionning, perhaps
14 has moved into the older age groups, into the adult
15 generation? In other words, we hear a great deal
16 about the, in effect, I would say, the discovery by
17 the young people, of needing to have meaning in their
18 life, something along these lines, often the inference
19 being that older persons are either immune to this
20 or have given up that kind of search.

21 From your vantage point, albeit
22 a university one, do you get the feel of the sense
23 of often the despair that people express about the
24 ability of older people to re-open themselves to
25 some of these basic spiritual questions, is
26 justified? It is kind of a difficult question to
27 get an answer to, but any impressions you might have
28 would be helpful.

29 REVEREND COLCLOUGH: I think
30 there are a number of adults, as you say, who are

1 endeavouring to try, and I think the whole phenomena
2 of sensitivity groups, they lack experience, and
3 they somewhat ally to the feeling that many adults
4 are not being caught up so much in structures, but in an
5 endeavour of being, and to discovery who they are,
6 and experience feeling, and share in feeling.

7 I think that it is difficult
8 for young people to begin to appreciate, let us say,
9 us old folks can have these kinds of feelings. And
10 so, I think, that mostly what I hear is some real
11 frustrations in not being able to be heard by the
12 adult community, that what they are saying isn't
13 being picked up. I think this is really the major
14 reflection that I would catch.

15 MR. STEIN: One of the things I
16 have heard about the recent boom of popularity around
17 the pollution phenomenon, is, it provides people across
18 the board, an opportunity to seek, to have meaning and
19 purity and clean air together in the community. Do you
20 see here in your local area opportunities developing
21 where young people, younger people, and older people can
22 actually be involved beyond a discussion level in
23 pursuing some concrete goals together?

24 REVEREND COLCLOUGH: Just two
25 doors down from my office in the Pollution Control
26 Centre which has been started at McEwan Hall, and
27 I know that this is definitely plugged in with the
28 adult community and there is lots of activity going
29 on in this, and I think this is true; government,
30 administrative, business, student, all levels have

1 a very real opportunity in co-ordinating endeavours
2 and activities in the whole area of pollution and
3 certainly it is happening right now.

4 This has just emerged in the
5 past month, and this office just opened about two
6 weeks ago. Is this the nature of the question you
7 are asking?

8 MR. STEIN: I am just trying
9 to get a sense of, perhaps, what you might feel
10 there is in the way of specific opportunities or
11 possibilities for people to be involved in something
12 other than this descriptive, analytic, often self-
13 flagellating experience of how dismal and despairing
14 our world is, and how badly we have mucked it up.

15 REVEREND COLCLOUGH: Yes. Well,
16 I guess the pollution issue is one which kind of
17 focuses on the mucking up part too. And certainly,
18 we have to take responsibilities for that. I think
19 there have been some efforts at the university in
20 order to take a pretty critical look at the whole
21 educational process and the philosophies of education
22 at the university level.

23 There just recently has come
24 in a report from the Journal Faculty Council of
25 able
26 some hope of being/to free-up the whole educational
27 system.

28 Now, I think wherein
29 frustration begins to emerge is that after a good
30 deal of thought and consideration in councils and
so on, if nothing emerges and some kind of action

1 doesn't take place, and then, of course, this only
2 adds to the discouragement of the students who put
3 a lot of time into this whole area.

4 THE CHAIRMAN: Reverend, you
5 have spoken about the underlying conditions of life
6 and attitudes of which, by implication, non-medical
7 drug use is perhaps symptomatic. What should be
8 our general attitude towards the phenomenon of non-
9 medical drug use? What should be our sort of
10 perspective on it? What kind of a response or
11 criterion would indicate what kind of response we
12 should make?

13 REVEREND COLCLOUGH: Well, my
14 whole work has been within the Church, in a pastoral
15 role for the last twenty years and then more recently
16 at the university. And, of course, the response that
17 I have endeavoured to bring in again is to gain
18 some kind of openness, honesty, and genuine inter-
19 personal relationships which, I think, has hopefully
20 been pointed out within our families and within our
21 churches, and within these meeting places, of the
22 community.

23 I think that if we can help
24 people learn how they can become themselves and
25 begin to downgrade the whole success-oriented
26 situation we have now; I realize this is highly
27 idealistic and very possibly, impractical, but
28 perhaps this is where we are now, this is perhaps
29 what is happening to our society. We are beginning
30 to see the real breakdown of this whole success-

1 oriented and this production oriented society.

2 There again, I can only answer
3 in terms of the way in which I have myself been
4 trying to deal with the issue, and perhaps I would
5 have to leave it there.

6 THE CHAIRMAN: I take it, by
7 implication, speaking very generally, in your view,
8 non-medical drug use is a substitute or appears to
9 be a substitute for other things which you should
10 be able to supply? Am I right?

11 REVEREND COLCLOUGH: Yes. That
12 is a question I am really not competent to answer.

13 THE CHAIRMAN: Who is? I mean,
14 the young people -- we are told we must have good
15 information, and people say to us, the whole truth,
16 positive and negative effects. Now, young people
17 have to make decisions, we all have to, and we have
18 to make judgments, value judgments, and they are
19 entitled to -- are they not entitled to turn to us,
20 if they are interested, are they not entitled to
21 come to us and say, "What is your position on this?
22 Get off the fence. Is it on balance a good thing,
23 a bad thing, or a matter of indifference, and if
24 other distinctions have been made, what are
25 their criteria? I mean, we are glad you are giving
26 us information, but get off the fence and give us
27 your views as a human being of what you think of
28 this phenomenon in the long run, and who else is --"
29 That's why we are conducting public hearings, among
30 other things, and this is only one form of our inquiry.

1 People think, sometimes, that
2 we are only listening to opinions. We are consulting
3 experts, we are studying, but we feel that we must
4 make as much contact as we can with the mind of
5 Canadians on this because these are -- these decisions
6 come home to roost on our own doorstep.

REVEREND COLCLOUGH: Well, of
course, for me, I have a ball in terms of life
and its fulfilment. To me it is an exciting thing,
and this, I hope, we accomplish through a very
minimum use of drugs, as it were.

THE CHAIRMAN: You mean, it
seems that, what we are given here is an impression
of values, a concern of values by the young. The
young are identifying the values critically, the
young are declaring themselves and the older genera-
tion -- and my implication part of the criticism
is, and you yourself have given expression to it,
is that the older generation has not come out and
disclosed its assumption or critically evaluated --
that we may have gone along uncritically, and this
is the implication part of the criticism.

1 Now, it seems that non-medical
2 drug use is like every other aspect of life, some-
3 thing upon which one must come to some kind of general
4 evaluation. The young people don't/^{say,} "Don't evaluate
5 it." They themselves are doing it in a critical
6 assessment of society, it is full of values. They
7 say, "Make an objective evaluation, give us the
8 information." But at the end of the day it is
9 something, is it not, that has to be re-evaluated;
10 put in general perspective. And one has to take
11 a position.

12 DR. LEHMANN: You just did
13 take a position^{by saying}/that hopefully you achieve certain
14 things by a minimal use of non-medical drugs, so
15 you did express a value to make it a bit more
16 articulate.

17 REVEREND COLCLOUGH: Well, I
18 suppose to draw the line between what is a medical
19 use of a drug and what is a non-medical use of a
20 drug is a very difficult thing. For instance, if
21 I get a headache I am very reluctant to, say, take
22 an aspirin until after the period where the headache
23 is getting desperate, and perhaps I will take an
24 aspirin. I get very few headaches, so I take very
25 few aspirin.

26 Now, I suppose it is possible
27 if I get any kind of uncomfortable feeling, I could
28 take an aspirin. That moves into a non-medical
29 use of a drug. And so, I think at this point,
30 minimum use of drugs is certainly the position that

1 I would see for myself at this present point.

2 Now, whether such drugs as
3 have been mentioned, marijuana, hash, LSD, these
4 others, whether these have some value or virtue
5 within them, to enable one to move more deeply into
6 experiences and discovery, and so forth; some who
7 use them claim this to be. I am not personally in
8 a position to really say whether this is so or not
9 and so, this point, you know, I just don't think
10 I can be competent to answer that question. All I
11 am saying is, that it is my belief at this point,
12 that life's fulfilments can still be found in the
13 way in which I seek to, through my own faith and
14 through my own understanding of what love means,
15 and is, and says, and that my own commitment is to
16 try and help others see this, and discover what this
17 is so they too can share it.
18

Now, I think that is pretty
well where I must leave it.

I think, certainly, what has
come through with the students I have seen, of
course, is, as I have tried to outline in the fairly
brief presentation, is their very growing concern
of the society we have created, and that they are
moving more into something of objective experiences
and trying to see what they are. And if they are
finding that drugs help them, in this use, then
perhaps that's the way it is.

DR. LEHMANN: You would accept
this as a legitimate help in this direction?

1 REVEREND COLCLOUGH: Well, I
2 guess one must finally come to the place where one
3 makes his own decision. If a student wishes to
4 do this, then that is, you know, up to the student.
5 It is not -- I am not going to argue him out of
6 it or talk him out of it. I think this is impossible.
7 that
He is not at/ position to be argued in or out of it.

8 THE CHAIRMAN: Well, as a
9 clergyman, do I understand you to be saying that
10 you don't believe in exhortation?

11 REVEREND COLCLOUGH: Well, I
12 think this is -- the number of students I have seen,
13 well, many have used drugs, I think, which has
14 been experimental, much has been kind of curiosity.
15 Certainly, there has been no problem orientation
16 to it. And that, I think in the whole area of,
17 for instance, and this is one in which the United
18 Church has had a long history, a very bad attitude
19 toward alcohol. I think we have recognized by
20 such an attitude we have tended to shut people out
21 and we failed to see who they are. And I think
22 the emphasis still has to be on the person and his
23 situation, and I think in some kind of a reasonable
24 discussion, that one cannot make the decision for
25 him, but one certainly would hope to show concern
26 but let that person make the final decision himself.

27 To tell him not to use a drug
28 or to use it, I can't see much benefit in that,
29 for myself. I don't see where that would get me
30 in any kind of an interview situation.

1 I think if the student wishes
2 to discuss these areas, then I am prepared to dis-
3 cuss them with them, and then certainly get in my
4 inquisition, but then he must make the final decision
5 himself, of course.

6 THE CHAIRMAN: Are there any
7 other questions or observations?

8 Yes, would you like to go to
9 the microphone, please?

10 THE PUBLIC: I am finding it
11 very difficult, at any of these meetings that I go
12 to, to find where you differentiate between the
13 hard drug and the soft drug, because I actually
14 am a hard drug addict, and therefore, I have no
15 feeling against soft drugs. Now, when you start
16 mixing the two up, there is a stigma lying in
17 between this.

18 Now, there is one more thing
19 that I would like to say, although this may not be
20 the moment to say it; it is that I also find the
21 media, the mass media, very confusing because of
22 their -- perhaps not quite understanding what drugs
23 are all about.

24 For instance, I have taken
25 methadone for quite a long period, and I have
26 injected methadone, and this has made no difference,
27 whether I took it orally or by injection. And yet
28 I picked up a paper the other day, and there I saw
29 it stated quite openly, that these drug addicts
30 were taking methadone, injecting it, and this would

1 produce an orgasm. And I am afraid that this makes
2 me feel very much as though, well, as though, --
3 I quite can't see. Thank you.

4 THE CHAIRMAN: Well, thank you
5 very much, Reverend.

6 We call now on Mr. Don Bruce,
7 Director of Drug Information Centre.

8 MR. BRUCE: Mr. Chairman, and
9 members of the Commission. This brief pertains
10 mainly to the Drug Information Centre, although a
11 few areas related to the operation of the Centre
12 are referred to; particular attitudes, that is,
13 community attitudes, professional attitudes, insti-
14 tutional attitudes, users and possible attitudinal
15 change factors.

16 The intention is to attempt to
17 bring to the Commission's attention the current
18 Calgary situation which may or may not differ with
19 other parts of the country. Also, it is imperative
20 that the Commission be aware of the importance of
21 their interim report on the general societal attitude
22 and that of drug users.

23 And also, an outline of the
24 centre's structure, Basic Operational Procedure,
25 and role, is provided; however, there is no infor-
26 mation regarding clientele as official operations
27 began on Monday, April 13, 1970.

28 I might interject that our
29 phone calls are ranging somewhere in the neighbour-
30 hood of fifty a day, 50% of which are informational

1 and 25% of which are crises of various kinds.

2 It must be made quite clear
3 that this operation is of a community nature and
4 not of a particular agency's. Great care has been
5 taken to involve all areas of the community. It
6 should be noted that both the R.C.M.P. and Calgary
7 City Police have been consulted, made aware of the
8 Centre's concept and both -- I will repeat -- both
9 will respect the anonymity of clientele and staff
10 at the Centre. This requires a certain amount of
11 respect for both sides and a level of mutual under-
12 standing which probably sets a precedent in Western
13 Canada.

14 It also should be made quite
15 clear that strict confidentiality will be maintained
16 at the Centre, including contacts with referral
17 sources.

18 Research: Areas of required
19 research are pointed out with particular emphasis
20 that some epidemiological and sociological research
21 could be done by and in the Centre. It is self-
22 evident that more research in all areas is mandatory.

23 Both the program and research
24 areas are suffering due to archaic methods of
25 obtaining funds, and I am talking about all areas
26 of research at this moment. There should be more
27 efficient methods of co-ordinating, creating and
28 funding both research and programs in the drug
29 use/misuse areas as well as other areas.

30 If I may, I would like to dis-

1 cuss some community attitudes.

2 The community's attitude toward
3 non-medical drug use are based on media presentation,
4 such as newspapers, T.V., magazines, etc., and fear
5 which is proportional to the amount of tragic
6 situations presented in the media and the lack of
7 factual information available to them.

8 I might add that I am disturbed
9 by the ethics or the lack of ethics by some of the
10 media in this city.

11 This attitude of fear reflects
12 in the repressive actions taken towards drug users
13 and those that are considered drug users, that is,
14 long hair, beards, etc. Also reflected are the
15 provision of services like medical-psychiatric
16 health counselling, etc., which are only reluctantly
17 provided to these individuals.

18 Professionals: Generally the
19 services available by professionals, to the general
20 public, are not available to the drug using commu-
21 nity or those who are suspected of drug use. Again,
22 lack of knowledge is the predominant factor along
23 with the fears that society might return to the
24 posture of self-prescription and self-administration.

25 Traditionally, the major pro-
26 fessions have rejected that element of society
27 which are non-conformists and do not subscribe
28 to the norms. It appears that most people in
29 difficulties cannot receive these services due to
30 judgments based on morality, appearance or social-

1 economic factors. Also, the fact that most services
2 are available only on an appointment basis and when
3 major difficulties arise those services are not
4 available.

5 With regard to the institutions,
6 the existing institutional services are restricted
7 for all people who are drug users, alcoholics,
8 sexual deviants, etc., due mainly to the judgmental
9 decisions made by those institutions upon first
10 exposure. Most crisis situations are created or
11 happen during off hours or those hours during which
12 most incidents and accidents occur; therefore, drug
13 crises fall in a lower category than broken legs,
14 broken arms, cardiovascular problems, and this sort
15 of thing.

16 Consequently, people with
17 difficulties cannot obtain the required emergent
18 or casual services particularly if their problem
19 is drug oriented or a drug crisis. The immediate
20 reaction of hospital emergency services is to call
21 the police who subject people to third degree
22 interrogation, particularly if the individual is
23 not cognizant of his legal rights. There is to a
24 large degree an element of fear mixed with outright
25 hate towards those services which subscribe to
26 the aforementioned methods.

27 Drug Users: Because of the
28 polarization of society, the outright stupidity
29 of existing laws and the attitudes of professional
30 services, the posture taken by the users is, "We

1 don't give a damn!" It is increasingly evident
2 that the level of paranoia of users is rising
3 proportional to the media's negativism and the
4 police undercover tactics. The apparent hypocrisy
5 of the existing laws and the attitudes of those
6 who enforce them add significantly to the apparent
7 futility of drug users.

Possible attitudinal change
8
9 factors: There are a number of possible attitude
10 change factors that could be forthcoming, however,
11 the most significant appears to be the interim
12 report of the Federal Commission on the Non-Medical
13 Use of Drugs.

If the interim report is not
made public and tabled, the following may, in fact,
occur:

21 A major increase in drug use
22 of all types will occur.

23 The polarization between users
24 and non-users will be increased and perhaps cemented.

If it is made public, tabled
or otherwise, the following may be expected:

27 Increase in drug use.

30 The polarization between users

1 and non-users may be lessened and remain flexible.

2 The paranoia of users will
3 be reduced.

4 The public attitudes may be
5 changed to a more realistic nature.

6 Laws may be changed to a more
7 rational and intelligent position.

8 The anxiety of parents may be
9 reduced.

10 The reduction of problems will
11 be significant (both drug oriented and those that
12 are thought to be).

13 On that note, I think I will
14 stop here. Thank you.

15 THE CHAIRMAN: Yes. Just before
16 speak,
17 you / Dr. Lehmann, I just want to understand
18 precisely again, what the Task Force on Drugs --
19 the submission is made on behalf of the Task Force
20 on Drugs, the Drug Advisory Council, and the staff
21 of the Drug Information Centre. Could you just
22 once again tell us what the Task Force on Drugs is
23 in relation with the official agencies, if any.
24 I think Mr. Low told us that, but ---

25 MR. BRUCE: It is somewhat
26 difficult to comprehend. It is very involved. It
27 started up as an initial group of interested people
28 in this community, and the Mental Health, Calgary
29 Regional Mental Health Planning Council, which was
30 created by order-in-council in August of '69,
 created a Task Force on Drugs approximately the

1 first of December, I believe, with a very wide
2 scope to look into the whole aspect of non-medical
3 use of drugs for the city of Calgary and region.

4 That group decided, through
5 one of its sub-committees, that in fact there was
6 an area of concern that could be looked at immedi-
7 ately, and that is the business of dissemination of
8 information and meeting crises in the community,
9 along with education and other things. So, they
10 spun off another group and created the Drug Advi-
11 sory Council which, in effect, is my Board of
12 Directors, and they are operating as at present,
13 seven members of the Task Force, three members of
14 the Alcohol Educational Association, and they are
15 involved because they are already a viable organized
16 structured society, or agency, and we are using
17 them in name only -- in other words,
18 to supply us with a little bit of structure with
19 a viable accounting system, and into the income tax
20 deductible systems, so that we can get taxation
21 and income tax receipts, for instance, which is
22 terribly important for anybody donating funds to
23 this staff.

24 I think that might clarify
25 it somewhat.

26 THE CHAIRMAN: What is the
27 source of your financial support for the Centre?
28 I do not mean to identify the individuals, but
29 what is the general character, is it private or
30 public?

1 MR. BRUCE: Our financial
2 support is a \$20,000.00 grant from the Province
3 of Alberta, via the Department of Health. We
4 expect, we fully expect that that money will be,
5 perhaps, assimilated in three months. We will
6 have to go to the public and publicly subscribe
7 for funds.

DR. LEHMANN: Mr. Bruce, I
should like you to be more specific about what
you said on page 4, "The immediate reaction of
hospital emergency services is to call the police
who subject people to third degree interrogation."
There are two statements there. One that you
don't qualify, that the immediate reaction of
hospital emergency cases is, "call in the police",
so that seems to be a general practise here. It
is surprising, because last fall at the Commission
hearings in Montreal, in a brief that the Canadian
Medical Association presented via the President
of the Association, they stated publicly that the
Association considers it unethical for a physician
in his hospital to divulge the name of, or certainly,
to call the police, of anyone who has been using
drugs.

Now, this may be quite legal,
but in the official opinion of the Canadian Medical
Association, it is not ethical, and we suspect that
many have taken note of it and do not notify the
police. They don't have to.

Secondly, we know that there

1 are several police forces in various localities
2 which do not automatically subject every drug
3 taker to a terrifying third degree interrogation
4 but rather try to be quite helpful and understanding.

5 Now, is that all different
6 here in Calgary?

7 MR. BRUCE: I suppose I would
8 be somewhat naive if I said that all police forces
9 in fact do this, but, I make it very, very clear
10 that in this city, the traditional method of
11 dealing with people of deviant, is to call the
12 police. This city is a very, very narrow-minded
13 city. It is the most narrow-minded city I have
14 ever lived in.

15 I have lived in a number of
16 cities. I am from Montreal. I have lived in
17 Ottawa, Toronto and Vancouver, and I have visited
18 most of the major cities in North America, and
19 most of the major cities in Europe, and I find this
20 city and the attitude of this city appalling.

21 The reaction of people to --
22 to deviant people, the reaction of people in
23 emergency services to deviant people, seems to
24 be, "Call the police", because nobody knows.

25 The resulting action is, if
26 the individual does not know his legal rights, and
27 most people do not know their legal rights, parti-
28 cularly if they are seventeen or eighteen, they
29 are subjected to some form of interrogation, as
30 I refer to as being third degree, because if you

1 are sixteen years old and there is^a policeman with
2 you and he is interrogating you, I suggest that
3 is a third degree interrogation, and that the
4 youngster is put into a very compromising situation.

5 He is asked to rat on his
6 friends; he is asked to get himself involved in
7 a police matter; he is asked to come away with a
8 policeman on many occasions and the result is a
9 very traumatic situation.

10 Now, the alternative to this
11 is not to go to the hospital, of course, or not to
12 speak to the policeman. But when you are sixteen
13 years old, or fifteen, or even eighteen in many
14 cases, and there are two policemen or one police-
15 man interrogating you, you have little choice.

16 I don't know whether that
17 answers your question or not.

18 DR. LEHMANN: Yes, it does, but
19 may I suggest another alternative, for the Drop-
20 In Centre, for instance, to -- well, to contact the
21 hospitals and make them aware of the fact that the
22 official attitude of the Canadian Medical Associ-
23 ation is that their practice is unethical.

24 MR. BRUCE: I would just make
25 a short comment on that. The operation of the
26 Centre, one of the functions of the Centre is to
27 educate fellow professionals. And one of the things
28 that we see as being the number one job is educating
29 those people who are in the emergency centres to
30 deal with people and not medical cards and Medicare

1 numbers and cardiovascular arrests and broken
2 arms, in a drug crisis. They are people. And you
3 may call it ethics, you might call it compassion,
4 you might call it sympathy, or you might call it
5 empathy. But, damn it, when are we going to get
6 down to start dealing with human beings instead
7 of fooling around with all of these other things?

8 MR. STEIN: To go back, for a
9 minute, to Dr. Lehmann's question, I find it a
10 little bit confusing that the relationship between
11 the police and the hospital is described by yourself
12 in fairly clear-cut fashion, as a situation where
13 youngsters are -- to use your words, perhaps,
14 going to undergo what they fear will be a third
15 degree. Yet you made it very clear at the outset,
16 and I refer you back to page 1, that in terms of
17 your relationship between the Information Centre
18 and the R.C.M.P. and City Police in Calgary, you
19 are, I gathered, quite pleased with this relation-
20 ship. I may be using the wrong word here, but
21 you even used -- went so far as to say, was it in
22 the written brief, or was it in a statement, that
23 "it may be setting a precedent in the nature of
24 the co-operation." And thus, I am left in a bit of
25 a quandry as to which statement is really an
26 accurate reflection of police concerns. I realize
27 that police would be the logical ones to ask, but
28 since you are sitting there, I would like your
29 views to clarify that confusion.

30 MR. BRUCE: Well, what I

1 describe as a traditional method of dealing with
2 people in this city, the negative attitudes, etc. --
3 what we are striving for in the Centre is to turn
4 that situation around into a good situation, and
5 one of the first things that we have to do is talk
6 with the police department on how to deal with
7 young people. They are in one hell of a quandry
8 right now in attempting to deal with young people,
9 because you cannot deal with young people today
10 using the traditional value-oriented kind of methods.

11 Now, in our initial build-up
12 of this program, which started last August, we
13 started talking with police departments last
14 August and last September, and last October, right
15 through up until a couple of meetings that were
16 held in the past month and a half. And I must say
17 that I am very, very optimistic toward the kind of
18 attitude change that has come about with the police
19 department, both police departments.

20 Now, I am not condemning all
21 always
22 police when I say that these sort of things/happen,
because, let's face it, they don't.

23 I know a number of policemen
24 quite well personally who are not this way, who
25 function entirely different and, perhaps, outside
26 of their traditional role that is laid down for
27 them. So I am quite optimistic because we have an
28 agreement from both the R.C.M.P. and the City Police,
29 the Morality Squad in the city, and the total City
30 Police Department as well, and the R.C.M.P. Narcotics

1 Squad, that they will not harass, that they will
2 not observe, that they will not be taking down
3 names of individuals who come into the Centre.
4 In other words, they will respect the anonymity
5 of the Centre.

6 Now, we are on trial. There
7 is no doubt in my mind at all that we are on trial.
8 We have a sign in the Centre that says, "No holding"--
9 or "no dealing" on the premises, and we mean that.
10 Because, if in fact some situation develops within
11 the Centre, then we are leaving ourselves wide open
12 to the legal aspect of the non-medical use of drugs.

13 However, to alleviate just
14 that kind of situation, we have set up a rather --
15 it is not unique, it is probably unique in regards
16 to the police forces, but we have set up a communica-
17 tion system that if, in fact, there is a difficulty
18 within the Centre, I have a person to contact, and
19 we will talk it over. And if there is a difficulty
20 that I don't recognize in the Centre or any of the
21 staff don't recognize in the Centre, then the
22 police contact man will phone me and we will discuss
23 it, and we will discuss what the best method is of
24 handling the situation. What more could we really
25 ask for?

26 If we went to the federal
27 government and said, "Please give us anonymity,
28 please give us respect for our clientele," etc.,
29 we would get guidelines, and guidelines we don't
30 want because we really don't know where we are

1 going at this point. And when one or the other
2 transgresses he has no option but to move in, when
3 you have guidelines. And when you don't have any
4 guidelines, you have good dialogue; it is a give
5 and take situation.

6 MR. STEIN: So, from that
7 statement, I would assume that the difficulties,
8 they do exist with the possibilities^{or}within the
9 realm of being resolvable; in other words, it
10 isn't a question of inability on the part of, for
11 example, law enforcement, to understand this con-
12 cept of anonymity situation, as you call it?

13 Taking a good description of
14 your own experience here, it would seem reasonable
15 to assume that, would it not?

16 MR. BRUCE: It is within the
17 realm of resolvability, there is no doubt about it.
18 But let me just make one more statement: We have
19 been attempting and I have been sent by the
20 Department of Health to this Centre as a Director
21 for an indefinite period. Now, in my experience
22 working with the Division of Alcoholism as in the
23 education field, we have been attempting to educate
24 professionals, that is, police, doctors, lawyers,
25 psychiatrists, nurses, for many, many years, and
26 we are not really getting anywhere. There hasn't
27 been that much of a change.

28 As a matter of fact, in Alberta
29 I think it is even regressing in some areas. So,
30 I am optimistic that there will be some sort of

1 change, but I don't think that it is going to come
2 as rapidly as I would like to see it come.

3 MR. STEIN: One other question.

4 Part of the brief you didn't want to read to us,
5 and there was a question on a reference you made
6 to Street Analysis on page 12. The Commission has
7 been made very much aware of the contentions re-
8 garding the need for street analysis and the various
9 ways this problem has been attacked in other parts
10 of the country.

11 Could you expand on what your
12 present understanding is of the role your Informa-
13 tion Centre will play in that activity?

14 MR. BRUCE: We have a difficulty
15 in that activity. This is one of the areas we have
16 yet to resolve with the provincial authorities, and
17 for that reason we haven't indulged in any kind of
18 street analysis other than a couple of situations that
19 have developed where people have managed to get
20 materials.

21 First of all, let me say this;
22 there is not a laboratory within the province of
23 Alberta that can do a proper analysis of the sub-
24 stances that are on the market. The closest one,
25 on one side,
as I understand it, is Vancouver/ and Regina on
26 the other, and the one in Regina is incapable
27 because they only do a simple analysis, they don't
28 do a complete breakdown.

29 The rationale for the analysis
30 is primarily that if treatment, that if in fact we

1 are going to be telling physicians and psychiatrists,
2 professionals, how to treat people in a drug crisis,
3 then we must know what they have taken. If they
4 have said they have taken a double blue bomber or
5 something like that, we want to know what is in it,
6 because it would be extremely foolish of us, for
7 instance, to suggest to a physician that they use
8 chlormezanone for LSD, for instance, which is a
9 traditional method in this community of treating LSD
10 bad trips. If there is any methamphetamine in LSD
11 or in the LSD the person has taken, you are sub-
12 jecting the person to an extremely uncomfortable
13 circumstance.

14 MR. STEIN: Well, we have been
15 made very much aware of the terrific variety that
16 exists, in larger communities anyway, of drugs
17 that are often on the market on any given day, and
18 the question has been raised by a number of people
19 who are concerned about this treatment problem,
20 whether or not such an analysis or street analysis
21 can really keep up with the day to day phenomenon.
22 In other words, a person can tell you a description,
23 at least, of what they took, but will this really,
24 in your estimation, from a street level, provide
25 doctors, treatment personnel, with up-to-date
26 information that can be used? Do you follow me?

27 MR. BRUCE: Yes. One of the
28 problems is the anonymity thing. If it is illegal
29 to hold drugs, then it would be very foolish to
30 walk into the Centre, for instance, and say, "Hi,

1 Don, here's a gram of hash, would you mind analysing
2 it for me?" You can get into lots of legal diffi-
3 culties.

4 One of the things we have to
5 work out, and this is one of the very difficult
6 areas, is an operation of getting the substances
7 to a centralized area to be delivered to a laboratory,
8 and it is an entirely legal situation. But there
9 is no question in my mind that we couldn't get
10 substances the day they came into town, providing
11 we had some form of anonymity for the people who
12 were delivering the stuff.

13 Now, this brings in all kinds
14 of ramifications of a legal nature, because if
15 somebody was to walk to the Centre, get picked up
16 with "x" amount of substance in his possession and
17 he said, "Well, I was taking it to Don because I
18 want to get it analysed", you know, what kind of
19 things do you do there? I believe we can keep up
20 to the analysis, as a matter of fact, we can even
21 be ahead of it, because if we are given the anonym-
22 ity then we could go to the sources as they come
23 into the city.

24 As a matter of fact, as I
25 understand it, the sources will come to us, provided
26 the anonymity is there.

27 MR. STEIN: Why would they
28 come to you? Let me put it to you more bluntly.
29 Presuming that there are sources that are also,
30 aside from those people that are giving you the

1 drugs, there are sources in the distribution who
2 enjoy the fact that they are getting large sums
3 of money, and we hear an awful lot about substances
4 being cut; well, I assume that people who are
5 cutting substances are trying to enable these
6 substances to go a longer way, and therefore, make
7 more money for themselves. What would be the point
8 of those sources coming in and having you do the
9 analysis of their cut stuff, as it were?

10 MR. BRUCE: Yes.

11 MR. STEIN: When you say the
12 sources, I am a bit dubious about it.

22 So, one is humanitarian; two is,
23 it is extremely good for the business, because if
24 I could say, "I have had it analysed and here's
25 the analysis," then you are not going to get kicked
26 by it, so to say.

30 DR. LEHMANN: May I ask you,

1 where you are getting your evidence or advice in
2 this field? It seems possible and logical to
3 reason this way, that if you only knew what was in
4 it, you could treat them, and so on, but as far
5 as the technical details are concerned, it is quite
6 a different story.

7 For instance, you mentioned
8 that methamphetamine mixed in with LSD would be the
9 one to give -- would be concomitant , which
10 is not so, if LSD is mixed in, it is
11 a different story. But then we would still have
12 to know how much, and the quantitative analysis is
13 something that takes sometimes days to be performed.

14 Now, if a person comes into a
15 hospital situation and he is in a bad way and has
16 to be treated immediately, one can't wait for hours
17 or days to have a quantitative analysis. It would
18 have to be done on clinical grounds.

19 MR. BRUCE: I am fully cognizant
20 of that. It goes back to the business of the people
21 who are involved here. People involved in the
22 Centre range right from pharmacologists on the one
23 hand, through physicists, through engineers, through
24 social workers, through psychologists such as
25 Mr. Low, and a few interested citizens.

26 Now, all of these people have
27 their expertise. We have a number of people who
28 actually perform these duties on a limited basis
29 at this point. For instance, at the University
30 or at the Foothills Hospital. Now, it goes back to

1 the business of going to the source to get the
2 sufficient quantity to do quantitative analysis.
3 If you have one tablet, it is virtually impossible
4 to do a quantitative analysis on it; if you do not
5 have the sufficient amount. And therefore, you
6 would not get the kind of information that you
7 would want.

16 DR. LEHMANN: But it still
17 seems to me that you are more interested in
18 preventing bad results from drugs and spotting the
19 poor quality of street samples before they are taken
20 and thereby protecting the individuals, more than
21 in the reason that you gave here, namely, treatment,
22 because the one who requires treatment may be some-
23 body who has not taken any of the particular blue
24 or green capsules. He just needs treatment and he
25 may still have some of the capsules on him, that
26 he took, and one capsule would be quite enough to
27 do a quantitative analysis, but it takes tremendous
28 time, and no physician can afford to wait hours
29 for treatment. So as far as treatment is concerned,
30 it would still have all of this to be done on

1 clinical grounds.

2 Now, the protection of the
3 prospective taker, that is a different story. That
4 is not usually stated and you do not state it
5 either, for the street analysis.

6 MR. BRUCE: I do not state it
7 for the obvious reason that it must be obvious from
8 the nature of the Centre, that it is a program of
9 prevention, and we are a program of prevention,
10 and maybe what we are preventing is unfortunate
11 circumstances. And if we can prevent unfortunate
12 circumstances, and that is what we are in business
13 for, if perhaps, minimizing the traumatic results
14 of taking a particular substance is one of the things
15 that we can prevent, then let's prevent it, because
16 obviously, drugs are here and drugs are endemic
17 and they are here to stay whether we like it or not.

18 And I think it is high time
19 that we as a society, in total, started looking at
20 it in a rational, intelligent manner, instead of
21 from a strictly emotional level.

22 THE CHAIRMAN: Does anyone else
23 have any questions? Yes?

24 THE PUBLIC: On this point,
25 if, say, marijuana and LSD were legal, would you
26 be able to -- or the manufacturer was under govern-
27 ment supervision, could you tell what is in these
28 different things that could eliminate this problem?

29 MR. BRUCE: If marijuana was
30 legal?

1 THE PUBLIC: Well, say, if you
2 are talking about LSD and so on, and somebody has
3 a bad trip and they don't know what went into it.
4 If LSD were legal, and if it were manufactured so
5 we knew what was in it, such as you do in foods
6 and some other drugs, this would eliminate that
7 portion of the problem.

8 MR. BRUCE: Well, most certainly
9 it would, because it would fall under government
10 legislation such as the Food and Drug Act, Pure Food
11 Act, etc., and would be strictly controlled.

12 THE PUBLIC: Well, it seems like
13 they are here to stay, like, you know, if you make
14 that
15 something like/ illegal, it would be like putting
16 a dike out to stop a little flood. If the flood is --
17 if the water goes over the dike, it seems like
18 other measures are necessary.

19 DR. LEHMANN: The problem seems
20 to involve, whether there should be quality control
21 on illegal substances or not.

22 MR. BRUCE: I think you just
23 hit the nail on the head, sir. That is essentially
24 it. There should be some form of quality control.
25 Most substances of a chemical nature, are manufactured
26 in what we refer to as "kitchen laboratories" with
27 minimum equipment and lack of knowledge, and I suggest
28 that perhaps this is where we should start.

29 THE PUBLIC: In other areas of
30 Canada, the law enforcement agencies have begun to
realize the problem with the credibility of the

1 illicit market, and in your remarks earlier, you
2 indicated that at this particular time, there are
3 no laboratory facilities available for analyses
4 of the drugs on the illicit market. Is there at
5 this time no co-operation in, say, from the Royal
6 Canadian Mounted Police, in their analysis facilities?
7 As I understand it, before court proceedings are
8 undertaken on a drug charge, the drug in question,
9 for example, on a possession charge, is analysed
10 as to what it actually is. I know in one area of
11 Canada, Vancouver in particular, because of the
12 definite problems we have seen on the illicit
13 market, because of the credibility of the products
14 being available, the government is co-operating
15 in trying to determine exactly what is on the street.

16 For example, very little LSD
17 with mescaline, but a lot with strychnine. Is this
18 occurring in Calgary?

1 analyse for LSD and make a simple statement that
2 LSD is either there or is not there.

3 THE PUBLIC: Has there been
4 any attempt made to ask the R.C.M.P. to document
5 the identifiable substances in any particular
6 sample?

7 MR. BRUCE: Yes. We have got
8 to remember too, that under the existing circum-
9 stances, the police authorities are absolutely
10 swamped with LSD, and it is taking something like
11 anywhere from four to six weeks, as I understand
12 it, to get an analysis back. By this time the
13 substances change radically. They run in cycles
14 of about two to three weeks, somewhere in that area.

15 One batch comes in and dis-
16 appears and it is used up, and then another batch
17 comes in, and you have an entirely different thing.

18 So, for our purposes, it is nice
19 to know what is in town, but it is always six weeks
20 late.

21 THE PUBLIC: One final question,
22 in terms of the subject of which you were speaking
23 earlier, Dr. Lehmann, I think, pointed out that it
24 is sometimes very difficult in trying to determine
25 quantitatively, the amount of a particular drug
26 which is present in a product which is obtained on
27 the street. And therefore, it is next to impossible
28 to do this for treatment purposes; in other words,
29 trying to get information to treat a reaction. Is
30 this your intention -- you were speaking earlier,

1 is this what you wanted to try and do, or is
2 your intention of analyses strictly to find out
3 what is on the street?

4 MR. BRUCE: Twofold. Both
5 those things, both for treatment and to find out
6 what is on the street.

7 THE PUBLIC: Thank you very much.

8 THE PUBLIC: Being strictly
9 ignorant on this subject, if a bad trip is not fatal,
10 can it have a deterrent effect on the drug taker?

11 MR. BRUCE: Yes, it can, there
12 can be a deterrent effect, but I very, very much
13 doubt it. I have seen a number over the past year
14 and a half in Calgary and I would suspect that
15 approximately one or two percent might have been
16 deterring. The remainder would have said, "Well,
17 let us find out what really happened, and try to
18 do an analysis on what really happened on that bad
19 trip." And then once they find out what happened,
20 if they do find out, maybe they don't find out,
21 then they take it again.

22 THE PUBLIC: Are there no
23 facilities at the university in town? Is there not
24 someone you could get there to analyse your stuff?
25 Like, in Halifax ---

26 THE PUBLIC: Yes, its illegal.

27 THE PUBLIC: Yes, but if the
28 heads at the university -- if you could do it under-
29 the-counter; this is what is happening in Halifax.
30 If they have something and don't know what it is,

1 || usually they can work something out.

2 THE PUBLIC: Not on campus
3 here, you can't.

4 MR. BRUCE: Again, we go back
5 to my statement about the nature of the attitudes
6 in this city, and also, there is a spectrograph in
7 the city, for instance, available, and it is a
8 \$100,000 investment, I'm told, and a \$100,000
9 investment ---

10 THE PUBLIC: There is one at
11 the university now.

12 THE PUBLIC: There is one at
13 the university.

14 || MR. BRUCE: Is there one at the
15 || university now?

16 || THE PUBLIC: Yes.

17 MR. BRUCE: That is the answer
18 to my question.

19 THE CHAIRMAN: Gentleman at
20 the microphone?

THE PUBLIC: Thank you. I may
be off the track, but the question I would like to
ask here is regarding drugs available, say, in our
city. At one time there was all kinds of talk
about having your teeth mended or not mended or
going to get something special in the water so you
wouldn't have trouble with your teeth, so there
was a big hassle over it. Now, you could go to
City Hall and have your teeth painted and this is
all available.

1 Now, supposing that we had
2 drugs set up so that they are free for everybody
3 to go and get them as they want them. Could we
4 not eliminate the pushers? I mean, let's open it
5 up and have a shop downtown for drugs, and have
6 everybody come in and get what they want. Is this
7 not what they are doing in Britain? Therefore, we
8 can eliminate all these pushers that we have around
9 town, that we don't know what they are pushing.

10 My question is, what is wrong
11 with having drugs available to everyone in the city?
12 They could come and help themselves. Would this
13 create a bigger problem?

14 MR. BRUCE: I don't know
15 whether I can really answer that to your satis-
16 faction, however, I will make an attempt. Right
17 now, because of the cultural thing with drugs, it
18 is quite apparent that most people, and I would
19 like to emphasize the word, "most", go through a
20 learning experience in the use of this particular
21 substance that they want to indulge in. They learn
22 about the substance, they learn about what is
23 going to happen. They learn about the psychologi-
24 cal ramifications, in a very rudimentary fashion,
25 mind you, but they learn about them, and then they
26 usually take it. Or don't take it, whichever
27 decision they make.

28 Now, if we were to turn these
29 substances loose in the fashion that you have just
30 described, I could prophesize at this point, I

1 suppose, and state that we would have a health
2 problem, public health problem, of major propor-
3 tions, that nobody but nobody would be able to
4 deal with because most people would miss the
5 learning experience.

6 THE CHAIRMAN: Well, I think
7 I should thank you very much, Mr. Bruce, on behalf
8 of the Commission for your assistance this morning
9 and I should adjourn the meeting now until 2:30
10 here. In the meantime, we will be at the Univer-
11 sity of Calgary from 1:00 to 2:00 for an informal
12 hearing in Room 205, McEwan Hall. We will return
13 here at 2:30.

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15 ---- Upon recessing at 12:15 p.m.
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1 || --- Upon resuming at 2:40 p.m.

2 THE CHAIRMAN: Ladies and
3 gentlemen, I apologize for keeping you waiting.
4 We have just come from the University.

I thank you for your patience.

I call now upon Dr. Pearce
from the Division of Psychiatry, Faculty of
Medicine, of the University of Calgary.

10 DR. PEARCE: This submission
11 does not offer any information to the Commission
12 which has not already been brought to its attention.
13 Rather, its purpose is to support the submission
14 made to it by the Canadian Medical Association and
15 to draw to its attention or re-emphasize some
16 general considerations which it feels important.

For example, there is little evidence to suggest that recreational use of marijuana by the average person is harmful. However, there are strong suggestions that the repeated use of marijuana may lead to a detachment from life, "amotivational syndrome", which

1 can only be seen as being harmful to the individual.
2 This "amotivational syndrome" is relatively common
3 amongst heavy drug users (often multi-drug users)
4 and its precise relationship to the drugs as opposed
5 to sociological and psychological factors is un-
6 known. The potential seriousness of this pheno-
7 menon should not be overlooked. The parallel with
8 alcohol is very clear. In this context, however,
9 we would wish to draw to the Commission's attention
10 three significant differences.

11 The first is that marijuana
12 is probably most used by the young adult and the
13 adolescent. Until a few years ago, the same group
14 used alcohol. The immediate effects of alcohol
15 are to reduce control and inhibition and this lack
16 of control is dose related. With marijuana, the
17 immediate effect is to produce withdrawal and the
18 relationship to dosage is much less clear.

19 In our present culture where
20 potentially lethal weapons like the automobile
21 are available to the group under consideration, if
22 they are to use a drug at all, it is better that
23 they use one which causes temporary withdrawal
24 rather than one which produces temporary loss of
25 control. If they use alcohol and experience its
26 temporary loss of control while in charge of a
27 vehicle, fatal accidents are very likely to occur.
28 Indeed, road accident statistics tend to confirm
29 this observation.

30 The second significant differ-

ence relates to the attitude of the law; alcohol may be legally consumed providing the individual is over the legal age; and even if the individual is under age, the wrongful act is usually regarded as being of minor significance. At the present time, any use of marijuana is illegal and is categorized by the law as being a serious offence which may carry serious penalties. All too often, the penalty produces more deleterious effects for society as a whole and for the individual in particular than does the criminal act for which he is being punished. Indeed, one of our major concerns is the increasing lack of respect by our younger generation for the law and its enforcement officers, a tendency which, if allowed to continue, can only be disastrous for our society.

The third significant difference relates to the generally accepted constraints placed on the manner in which it is socially acceptable for alcohol to be used. These do have a limiting effect on consumption. No such customary practices exist in Western society to govern the day-to-day use of marijuana.

A change in legislation leading to an increased use of marijuana should not be countenanced without the implementation of some limiting legal guidelines.

Two. Each and every drug should be very carefully considered and information on its known harmful effects widely disseminated.

1 This is particularly important because in the past
2 a large amount of misinformation has been made
3 available by ill-informed people with the result
4 that there exists a credibility gap. Part of this
5 credibility gap is undoubtedly due to wishful
6 thinking on the part of the drug user who does not
7 wish to believe that his behaviour is likely to
8 be harmful, but part of the gap is due to the
9 factors noted above, so that one of the recommendations
10 we would like to see the Commission make is that
11 a branch of the Food and Drug Directorate be given
12 the responsibility for extracting from the scien-
13 tific literature, material relevant to the non-medical
14 use of drugs and ensuring that it is unprejudiced
15 and widely disseminated. Failure to do this will
16 merely perpetuate the current trend of young people
17 to turn to the scientific literature themselves,
18 and because of their lack of scientific training
19 misinterpret or take out of context authors' honest
20 conclusions.

21 Three. We take note of recent
22 increases in the misuse of a number of proprietary
23 medications as well as other organic compounds
24 by children who are too young to arrive at an
25 informed opinion as to the rights and wrongs,
26 desirability or undesirability of the use of these
27 materials. We would strongly recommend legislation
28 specifying conditions under which these materials
29 may be displayed in stores and sold to minors.

30 We do not blame retailers for

1 having failed in this regard since the retail
2 business is competitive and it may be expecting
3 too much of human nature to anticipate that all
4 retailers could agree on a set of rules and adhere
5 to them. Rather, we see this as the responsibility
6 of government to arrive at these rules, preferably
7 in collaboration with retailers organizations,
8 and then to ensure that they are vigourously and
9 uniformly enforced. Under this heading, we include
10 a number of agents, such as certain glues, other
11 materials containing volatile organic solvents
12 and certain proprietary medicines.

13 Four. Since the pharma-
14 ceutical and medical professions constitute the
15 majority of informed opinion in our society as
16 a whole, their attitudes as regards drug use must
17 of necessity influence society and thereby the
18 non-medical use of drugs considerably. We would
19 therefore urge that the pharmaceutical profession
20 materially improve the factual qualities of its
21 professional promotional campaigns and that factual
22 unbiased scientific opinion be developed by the
23 Food and Drug Directorate for the use of the
24 medical profession so as to keep the medical pro-
25 fession informed about all chemicals whether they
26 have a pharmaceutical use or not. For example,
27 the only generally accepted indications for the
28 medical use of amphetamines and amphetamine-
29 related compounds is in the control of certain
30 childhood behaviour disorders and narcolepsy.

1 In spite of this and the fact that they are
2 recognized to be habit-forming, they are widely
3 advertised by the pharmaceutical industry as
4 mood elevators or appetite suppressants. Not
5 surprisingly, large quantities continue to be
6 prescribed and serious problems from their misuse
7 are common.

8 Five. The rapidity with
9 which the non-medical use of drugs has developed,
10 been
11 and indeed/accepted by a significant proportion
12 of the population, indicates the speed with which
13 significant social changes can occur in our modern
14 society. Clearly, if repetitions of the present
15 situation which the Commission is charged with
16 investigating, are not to recur, the learned
17 professions, government, and the law must develop
ways of keeping abreast of these social changes.

18 Six. There is some evidence
19 to suggest that serious misuse of drugs occurs
20 predominantly in a segment of our young adult and
21 adolescent population who have been particularly
22 affected by the rapid changes in our society,
23 particularly those changes seen in the family.
24 These young people need more than simple medical
25 treatments as, quite apart from the pharmacological
26 effects of the drugs they use, their continuing use
27 tends to further alienate them from a society which
28 they neither understand nor accept.

29 It therefore becomes an urgent
30 responsibility of government to encourage facilities

which aim at preventing family breakdown and aim at early intervention in the emotional disturbances of adolescents and young adulthood.

Ways of financially supporting
programs which aim at the development of professional
skills in this area by the helping professions,
including Medicine, and facilities in which these
problems can be dealt with, become a matter of
urgent priority since the problem of the non-medical
use of drugs has become one of our primary health
problems today. We would point out, however, that
just as non-medical abuse of drugs may be seen as
a symptom of a disturbed youth, family, or society,
so there are other equally pressing and disturbing
symptoms developing; for example, the rising inci-
dence of youthful suicidal attempts.

Our recommendations, sir, are
four:

The first, that a special branch of the Food and Drug Directorate be established to review the scientific literature and determine factual information relevant to the use of all pharmacological agents. It would also be responsible for distributing this information to appropriate professional and non-professional groups in order to achieve its educational goal.

Two. There is an urgent need for the development of professional personnel competent to intervene in the family and treat the disturbance which is the source of such secondary

1 problems as drug abuse, suicidal attempts, delin-
2 quency, and emotional disorders.

3 To this end we would recommend
4 some federal cost-sharing arrangements for the
5 development of provincial pilot programs.

6 Three. Federal guidelines
7 be developed to assist municipalities in developing
8 and enforcing by-laws adequate to control the
9 retailing of materials which are known to be abused.

10 Such legislation as may exist
11 is ineffective in controlling these materials at
12 present.

13 And four. More attention be
14 paid in future to the social implications and
15 consequences of all legislation, particularly in
16 the field of drug control.

17 Thank you.

18 THE CHAIRMAN: Thank you,
19 Dr. Pearce. Would Dr. Roxburgh care to add
20 anything?

21 DR. ROXBURGH: Sir, we prepared
22 this presentation jointly, actually together with
23 other members of the Department of Psychiatry with
24 Dr. MacKenzie, and there is nothing formal beyond
25 this level.

26 THE CHAIRMAN: Thank you.

27 Dr. Lehmann?

28 DR. LEHMANN: With regard to
29 more effective legislation limiting or regulating
30 the sale of proprietary substances, over the counter

1 medicines, how would you, in effect, visualize such
2 regulations?

3 DR. PEARCE: We are aware of
4 certain materials which we know to be abused, being
5 displayed very prominently in front of counters in
6 drug stores and other stores, and we would suggest
7 that these materials not be displayed at all, but
8 rather be retained and produced on demand, and
9 perhaps, only be produced for adults.

10 DR. LEHMANN: That is the ad-
11 vertising with regard to sales? Would you go as
12 far as to suggest that, say, airplane glue, and nail
13 polish remover, should not be sold to people under
14 age, only to adults?

15 DR. PEARCE: I think this might
16 be given very serious consideration, yes. We
17 appreciate the multiplicity of the agents that can
18 be misused. However, it has been our experience
19 that the agents which are misused are surprisingly
20 restricted, are almost a going away fashion, and
21 very simple restraints on the way in which they are
22 retained may be sufficient to inhibit a certain
23 amount, at any rate, of the abuse.

24 MR. STEIN: Would the legis-
25 lation then be directed towards the regulations
26 toward the distribution of these items rather than
27 towards the users themselves?

28 In other words, are you en-
29 visioning legislation directed towards distribution
30 by legislation which would make use of various items

1 that are now available over the counter, for example,
2 or the use itself would become a criminal offence?

3 DR. PEARCE: Oh no, I think
4 we are thinking purely on legislation regulating
5 distribution .

6 THE CHAIRMAN: Doctor, you
7 spoke of a source of secondary problems, drug abuse,
8 suicidal attempts; could you give us a little bit
9 more of what you are thinking about what this
10 disturbance is? To what extent is the quality of
11 life today, in your judgment, a factor in non-
12 medical drug use?

13 DR. PEARCE: I would like to
14 make it clear that there, I think, are two factors
15 involved in non-medical drug use. I think there
16 is the changing acceptance by a large proportion,
17 large segment of society in terms of the drugs
18 which it uses recreationally, and it is not this
19 I am referring to. However, it is our experience
20 that the youngsters who appear to get into the
21 most serious trouble with drugs, abusing first one
22 in large quantities, and then another, and apparently
23 turning to another and proceeding very rapidly
24 through the whole gamut of drug use--it is our
25 experience that when we see these youngsters
26 we are able to detect in retrospect, the beginnings
27 of the problem many years earlier, and very
28 frequently in terms of disturbed family relation-
29 ships, and it is our suspicion that the changes
30 which our society is now so rapidly undergoing,

1 produce a number of stresses, and I think that we
2 would feel that one of the places which is feeling
3 the stress of these changes is the family, and
4 that it isn't providing the support for many of
5 our youngsters that it did at one time.

6 THE CHAIRMAN: Do you make any
7 distinctions between age groups among young people?
8 Would you make the same diagnosis for the pre-
9 adolescent as you do for the upper high school,
10 college student, insofar as these disturbances are
11 concerned?

12 DR. PEARCE: I would like to
13 emphasize that I believe that generalizations in
14 this area are very unwise, because our data is not
15 that reliable. I think I would offer as my own
16 opinion, the observation that a child who is dis-
17 turbed or upset because of family breakdown of
18 one sort or another may exhibit evidence of this
19 disturbance at difference stages in his development.
20 It may show up early in terms of his falling off
21 in his educational performance, it may show up
22 subsequently in the time of puberty, it may show
23 up even later when he moves into the business of
24 becoming an adult and begins to throw off some of
25 the restraints of the family. So that, I think,
26 although I would be extremely cautious about
27 offering the same diagnosis, as you say, in all
28 these age groups, I think there is a sort of a
29 continuity there which has to be taken into
30 account.

1 DR. LEHMANN: Dr. Pearce, it
2 has been proposed to us this morning, in a sub-
3 mission, that psychiatry tends to consider any
4 non-conformity in the younger person, adolescents,
5 pre-adolescents, high school kids, as being more
6 the manifestation of an illness than pathological --
7 and among other things, marijuana smoking. Would
8 you agree with this?

9 DR. PEARCE: I am aware that
10 psychiatry has been criticized for this. I think
11 it is less than fair to suppose that all psychiatrists
12 fall into this category, and I would point out that
13 perhaps amongst the different sub-groups of the
14 medical profession, psychiatrists are usually
15 considered to be the most eccentric, so that
16 perhaps, this isn't entirely fair.

17 DR. ROXBURGH: I think at that
18 point, if I may, I would like to add a point. I
19 would like to add something. I think it is a very
20 good point people make when they criticize psychi-
21 atrists for seeing the worst aspect of every problem
22 and this isn't the nature of their work. They are
23 to see the maximally disturbed or consequences
24 of anyone they might describe as abnormal/ⁱⁿbehaviour.ⁱⁿ

25 I would like to refer to the
26 point made in our submission referring particularly
27 to marijuana which is perhaps the most contentious
28 area that you are dealing with. We make the point
29 that the recreational use of marijuana is in all
30 probability not at all harmful if used in a controlled

1 way, in the way that most of us use alcohol.

2 We, as psychiatrists, are
3 the ones most likely to see the end results of
4 those who do not use a drug like marijuana in a
5 controlled fashion.

6 THE CHAIRMAN: What results
7 have you seen of such uncontrolled or excessive
8 use of marijuana as a psychiatrist?

9 DR. ROXBURGH: Well, I am
10 bound to say that when I see patients who use --
11 who to me are showing personality changes, what
12 has been described, I think, very accurately and
13 very appropriately, as an "amotivational syndrome",
14 that is, a person who has lost their drive, lost
15 their motivation, who have ^{been} quite content in their
16 centering lives/ around the drug taking experience as their
17 whole object, and their whole object and desire
18 for the future. When I see these people, it is
19 a complex situation. They have usually taken a
20 number of drugs and usually have tried the whole
21 gamut of drugs.

22 From time to time one sees
23 those who have continuously taken marijuana in
24 large doses. It is a question, and I could draw
25 your attention to the point of dosage, we can't
26 measure dosages of marijuana like we can measure
27 dosages of alcohol. But it to me, seems reasonable
28 that you expect quite different consequences
29 from the continual smoking of marijuana than the
30 periodic smoking of marijuana. One or two joints,

1 if you like, of marijuana a week is quite different
2 from twenty joints a week, smoking poor quality
3 marijuana is different from smoking the very
4 stronger variety of marijuana. Smoking hash is
5 another matter again from smoking simple marijuana.

6 And I am particularly here
7 today because I want to make this point. Any
8 generalizations about the use of marijuana are
9 extremely difficult to make because they are made
10 by people with different use dosages -- the use
11 of different dosages in mind. I don't know if
12 that clarifies the point.

13 THE CHAIRMAN: Have either of
14 you had any experience with speed? I mean, with
15 patients, who were showing the effects of speed?

16 DR. ROXBURGH: Yes, I have
17 tried it.

18 Yes, I think my views on this
19 are quite firm. This is a potent, addictive drug
20 which is well known to produce a mental disturbance,
21 a psychotic disturbance usually referred to as a
22 paranoid psychosis, in quite a proportion of
23 individuals. This psychosis is, again, related
24 to dosage and it occurs in people who have become
25 heavily addicted. It is not an uncommon phenomenon,
26 and it is a very, very difficult condition to treat
27 effectively.

28 THE CHAIRMAN: From your
29 professional observation, how would you characterize
30 the psychological condition of young users of speed?

1 What are the psychological factors predisposing
2 young people to the use of speed?

3 DR. PEARCE: In my experience,
4 the young person who uses speed is usually using
5 it in the course of experimenting with a wide range
6 of drugs. It is not uncommon to find that youngsters
7 of a category we were discussing earlier -- there
8 are certain youngsters who begin quite young, often
9 taking their parents' supply of alcohol, who have
10 become introduced to marijuana usually quite young
11 and will become dissatisfied with that very rapidly
12 and then proceed to experiment with LSD or speed,
13 or some of the other drugs which fit into these
14 general categories. I suspect that there are some
15 perfectly normal youngsters who experiment or have
16 experimented with speed, although I would suspect
17 also that because our young people tend to remain
18 fairly well informed, the more balanced youngsters
19 would not experiment any more with this because
20 they would recognize now, fairly clearly, the fact
21 that we all accept, that this is a dangerous drug.

22 MR. STEIN: Could I go back
23 to your comments on the law and its possible
24 relevance and the role that you see it playing
25 at the present time? Specifically in relation
26 to marijuana, you refer to the concerns you have
27 for the increasing lack of respect. The reference,
28 I think, is on page 2 here, the lack of respect
29 by young people. And you say in recommendation 4,
30 "more attention should be paid in future to the social

1 implications and consequences of all legislation."

2 I have two questions, but firstly, on marijuana

3 have you, in your thinking, a role, a little more

4 clearly delineated, a specific kind of recommendation

5 around marijuana? Are you simply expressing your

6 concern about the present law, or do you have any

7 more precise notions as to what it might be changed

8 to? You appear to be expressing concern for some

9 change here. I mean I think that is a fair ---

10 DR. PEARCE: I think we are

11 concerned with endeavouring to arrive at some

12 compromise between two opposing points. On the

13 one hand, the concern we have is

14 that the types of penalties which are meted out

15 for the misuse of marijuana are producing only,

16 as far as we can determine, a disrespect for the

17 law and the officers who are charged with enforcing

18 it, and this makes us move very strongly towards

19 recommending relaxation of the laws as they apply

20 to marijuana.

21 I think that the reason we do

22 not, say, ban them altogether, is the fact that we

23 are concerned that the consumption of alcohol which

24 is a time honoured custom in our society, is

25 restricted and restrained by social customs, and

26 no such social customs have evolved in our society,

27 and therefore, to completely free marijuana may

28 lead to the use of marijuana under such common

29 circumstances that youngsters who are predisposed

30 to the abuse of drugs may become all too easily

over-exposed and damaged, perhaps, as a result of it.

For example, I would not consider appearing before this Commission, having had a couple of slugs of whiskey. I think it would be disrespectful, for instance. There are a couple of instances where I'd restrain my enjoyment of alcohol because it would be socially unacceptable to indulge in it.

This type of attitude is common
in our society, and serves a very useful function.
No such attitudes have yet developed with marijuana
because marijuana is so new to our society, and
until such attitudes do develop, and I suspect they
may, rapidly, we feel it would be unwise to abandon
full restraint.

28 DR. PEARCE: I think this is
29 rather a difficult question for me to answer,
30 because I suspect it is essentially a hypothetical

1 one.

2 My understanding of the law
3 is something that we all agree to in order to
4 preserve the fabric of our society. Occasionally,
5 it requires us to make some sacrifices, and we make
6 these sacrifices in order to preserve the fabric
7 of our society which is borne to all of us. It
8 seems, therefore, that when the law appears to be
9 operating in such a way that it is undermining the
10 fabric of our society, then we should change the
11 law. I think that it is essential that there be
12 legislation which controls the use of certain
13 pharmaceuticals, pharmacologicals, because we
14 recognize the misuse of these things, and we recog-
15 nize that people cannot all decide as to whether
16 or not we should use them. What we do not consider
17 sometimes, is that the enforcement of this law may
18 in fact operate to the detriment, not only of the
19 individual who is being disciplined by the law, but
20 also as a result of the undermining effect, might
21 operate to the detriment of the society for which
22 the law was made originally to preserve.

23 I'm sorry, I'm not sure if
24 that answers your question.

25 THE CHAIRMAN: Are there any
26 other questions and observations?

27 If not, I thank you, very much,
28 both of you doctors, for your assistance.

29 I call now upon Mr. Jack James,
30 Superintendent of the Calgary School Board, and

1 Chairman of the Drug Education Committee, set up
2 by the Calgary School Board.

3 Mr. James, perhaps you would
4 like to introduce your colleagues.

5 MR. JAMES: Mr. Chairman,
6 ladies and gentlemen. On my left, Mrs. Johnson,
7 a trustee of the Calgary Public School System; on
8 my right, Mr. Brewerton, pharmacist, of the city of
9 Calgary.

10 I would like to thank the
11 Commission for this opportunity to meet with you
12 to present to you a report which was prepared for
13 the Calgary School Board with regard to the misuse
14 of drugs.

15 You will notice the report that
16 is before you is quite a sizable report, mainly
17 because in the appendix at the back, you have a
18 number of briefs that have been presented to our committee
19 from interested citizens, groups of young people,
20 community groups within the city of Calgary, and
21 groups from professional organizations within the
22 city of Calgary.

23 The terms of reference of our
24 committee were quite specific. You will notice on
25 the front page of the report, that there was a
26 motion made on December 9th, 1969, by the Calgary
27 Public School Board that the Secondary Division of
28 the Calgary School Board prepare an educational
29 program on drug abuse for implementation in all
30 secondary schools of the city, and submit its

1 recommendations to the Board for consideration at
2 the earliest possible date.

3 Well, the Board at that time,
4 did suggest that the committee should be quite a
5 broad committee, as far as representation was con-
6 cerned. They were hopeful that we could gather
7 together a group of citizens and students and parents
8 from the community representing all bodies, and we
9 feel that this was done.

10 On page 2, you will note ---

11 THE CHAIRMAN: Excuse me, did
12 you have any young people on that committee?

13 MR. JAMES: Yes, we had repre-
14 sentatives from the student body and people connected
15 with the university, and in general, many members
16 of the committee were young people, that is, young
17 adults who were very close to the youth problem
18 themselves.

19 The committee met regularly
20 during the months of January, February and March.
21 At the beginning they were faced with the problem
22 of how they would proceed, and they agreed that
23 perhaps there were three things that they should do.

24 First of all, they should try
25 to gather as much information as possible
26 as to what other areas had been doing with regard
27 to this problem.

28 Secondly, they felt that they
29 should meet with representative groups from the
30 Calgary community to discuss the problem, and then,

1 thirdly, they felt that they would like to meet
2 with groups of young people, students from our
3 high schools, and to give them an opportunity to
4 freely and frankly discuss the problem as they saw
5 it through their eyes.

6 So these three things were
7 done.

8 At the end of the three month
9 study, there was no doubt in the minds of the commit-
10 tee that there is a problem and that drug misuse
11 at the present time is an accepted fact within the
12 schools of Calgary.

13 It was hard for us to determine
14 just what percentages of our young people were
15 involved in the problem, but the committee itself
16 felt that it was a growing problem and that likely
17 it would increase in the months and years ahead.

18 The committee then, in its
19 first recommendation to the Board -- mainly, I think,
20 because of what was said by the young people them-
21 selves, by the students who appeared before us --
22 said to the Board that an educational program should
23 be developed, but it should be a certain type of
24 program.

25 Now, I am going to read the
26 next page or so, because I think this is really
27 the heart of our report.

28 The program itself then, the
29 information disseminated through an educational
30 program must be carefully screened, since many of

1 the young people we would wish to inform, are
2 extremely impressionable.

3 The committee believes that
4 well presented, factual information, not conjecture
5 based on emotional appeal, will have a positive
6 influence on young people today. The responsibility
7 for communication of this information must be
8 shared by teacher, parents, students and the public
9 at large.

10 Young people have been rather
11 skeptical of the material already available, parti-
12 cularly, if it originates with any organization
13 representing authority. Therefore, the quality of
14 the program should have top priority because a non-
15 factual, or non-acceptable program could be worse
16 than no program at all.

17 The committee felt that various
18 studies tend to indicate that the most significant
19 influence on young people who are liable to become
20 drug users is that of their peers. This situation
21 should be given consideration in the development
22 of any program.

23 It is a phenomenon that the
24 taking of drugs, the prosecution of drug offences,
25 and even the penalties, among some members of our
26 community, no longer have social stigma. Indeed,
27 many persons who have suffered the penalties of
28 the law, have gained stature among their peers.
29 The fact should also be carefully considered when
30 decisions are made with regard to the type of program.

1 There is evidence available
2 that publicity with any type of educational program
3 may increase the incidence of drug use. The committee
4 was very much aware of this fact. However, there is
5 also evidence to show that factual, non-judgmental
6 education does have a desired effect on a good many
7 young people.

8 Because of the widespread
9 concern of the public and the fact that young people
10 are exposed to a considerable amount of misinformation
11 regarding drugs, the committee feels that risks must
12 be accepted. To minimize the risks, any program
13 should be introduced at the grade level where students
14 are fairly sophisticated.

15 Now, the committee, in its
16 early deliberations, felt that the grade level for
17 the introduction of a formal type of program should
18 be grade nine. However, this was not a unanimous
19 feeling on the part of the committee. At the time
20 the Calgary Public School Board debated this issue,
21 the Board accepted the fact that there was a risk
22 problem, that they also felt that the Board had to
23 accept the risk, and in the judgment of the Board,
24 the time for establishing a formal program was set
25 at grade seven.

26 Here in Alberta we have a
27 three school type of set up. We have elementary
28 school from grades one to six, junior high school
29 takes in grades seven to nine, and senior high
30 school, grades ten, eleven and twelve. And so the

1 Board decided that a formal program would be
2 introduced at the grade seven level, carrying
3 through to grade twelve.

4 There is a great deal of
5 evidence to support the theory that the best
6 approach to an educational program of this type
7 is one in which the materials are interwoven into
8 the existing curriculum, and that within such a
9 framework, adequate opportunity is provided for
10 dialogue with students through the use of seminars,
11 films, and credible materials.

12 Now, I think this point should
13 be stressed. The committee felt that a program
14 which would become a lecture type of program, would
15 really not serve the purpose that we would wish for,
16 that in order to have a program that would be of
17 value we must involve the young people themselves,
18 and we must be prepared to have enough faith in
19 these young people to give them a part in the
20 development of the program and in the actual
21 operation of the program itself.

22 Although a number of programs
23 presently in use in other school jurisdictions were
24 examined, the committee is of the opinion that the
25 best procedure for Calgary schools would be to
26 have the curriculum planners within our school
27 system review the many plans available and recommend
28 a program that would best meet the needs of the
29 Calgary students.

30 I stress again that in the

1 development of this program, especially at the
2 high school level; I suppose, even starting at the
3 grade seven level, but especially at the high school
4 level, students themselves must be given a fair
5 amount of responsibility in the development of the
6 program, working with their teachers and counsellors
7 and that they must be given an opportunity to dis-
8 cuss the problems raised in a seminar type of
9 set-up.

10 The committee is hopeful that
11 the recommendations noted above will be helpful in
12 the short term, but that a long range approach must
13 be taken in an attempt to avoid escalation of the
14 drug problem within the society.

15 The committee reviewed in depth
16 the "real" causes of the problem and agreed that
17 although drug misuse is commonly looked upon as a
18 disease, it is more properly a symptom of disease
19 rooted in social and economic conditions which tend
20 to create dissatisfaction, unhappiness, conflict,
21 tension and strife in the minds and souls of
22 individuals. The situation requires that education,
23 on value clarification and value development,
24 should start at the primary school level and should
25 continue through high school and into adult education.
26 The school program should strive to develop each
27 student as a human being capable of rational decision
28 making, for, in the long run, the decision, whether
29 or not he will use drugs, must rest with him.

30 The committee feels that the

1 student's own value system and his assessment of
2 the consequences is the best deterrent to drug
3 misuse. Decision-making can be best fostered
4 through simple group processes in an honest, open
5 setting which allows the free exchange of ideas
6 in an atmosphere where a student feels free to
7 express his own feelings.

8 Now, from there the committee
9 went on to discuss the question of teacher prepa-
10 ration, because we felt that in any program that
11 was to be a successful program, we would require a
12 retraining of our teaching staff. And we approached
13 this in three ways: Stage one, would be an intensi-
14 fied training program for guidance counsellors,
15 physical education or health teachers and others
16 who, by virtue of closer contact with student
17 groups, would be considered the most suitable to
18 teach drug education programs.

19 And in this regard you have
20 heard that starting tonight in Banff there will be
21 a seminar at which fifty teachers from the Calgary
22 Public School System will be participating and this
23 is the first step in this retraining program. But
24 this will only be one of many steps, I would hope,
25 and that in the days and months ahead we will be
26 concentrating on this problem of retraining our
27 teachers, giving them an opportunity to think through
28 this problem.

29 Stage two will be a more
30 general and informational program with its prime

1 objective to help all teachers to become better
2 able to assist students in this area.

At this point the committee
stopped and reviewed really the home situation,
and it was the feeling of the committee that the
Calgary School Board should be setting up programs
for adult training within our school system, and
this will be done starting with the fall term.
There will be in-service training classes, there
will be adult education programs offered by the
Calgary School Board.

Now, another factor, another
problem that faced the committee was the problem
of what do you do with a young person, with a
student who has already started to use drugs?

24 I must confess that in the
25 city of Calgary, up to this point, we have not
26 really been treating our young people very fairly.
27 Up to this point, when a young person has been
28 caught using drugs, or peddling drugs, we have,
29 for the most part, looked upon this as a very
30 serious offence and we have acted in a punitive way.

1 Usually the student has been expelled from school.

2 Our committee feels that this
3 approach is not the right one. And so, we have
4 recommended to the Board and the Board has accepted
5 these recommendations that we should establish a
6 rehabilitation program which is not a punitive
7 program, and that we should not suspend or take
8 more serious action against a student in cases where
9 he has been found to be using drugs, unless it is
10 quite clear that the student's continued presence
11 in the school seriously endangers the well-being
12 of other students and the effective functioning of
13 the school.

14 The following recommendations
15 are made in the hope that young people who misuse
16 drugs might be rehabilitated: Where students show
17 behavioural problems that appear to arise from drug
18 use, emergency situations may be dealt with by
19 referring the student to the Task Force on drugs
20 or an appropriate agency.

21 In other words, the school
22 authority will do everything within its power to
23 get help for that student.

24 The principal of the school
25 involved should carefully review the circumstances,
26 and, if a contravention of the law is clearly
27 indicated, the advice of the police should be
28 solicited. When individuals have been found to be
29 in possession of an illegal substance, routine
30 referral should be made to the Special Education

1 Division of the Calgary Public School Board, who
2 will work in co-operation with the principal, the
3 teacher, service agency, the police, and parents,
4 to determine the best policy for treatment.

5 When students are suspected
6 of distributing or trafficking in restricted or
7 illegal substances, emergency situations should be
8 dealt with by referring the student to the Task
9 Force on Drugs or an appropriate agency. Referral
10 to the Special Education Division of the Calgary
11 Public School Board should be routine. If a contra-
12 vention of the law is clearly indicated, the
13 Special Education Division should seek the advice
14 of the police or an appropriate service agency.

15 But suspension should be taken
16 only if the educational program of the school,
17 emotional, mental, or physical well-being of fellow
18 students, is clearly prejudiced. In any case where
19 court action has been initiated, the school should
20 actively encourage the student to remain in
21 attendance unless his doing so jeopardizes the well-
22 being of other students.

23 And so, Mr. Chairman, this in
24 the main, is the report that has been approved by
25 the Calgary Public School Board. It is the report
26 that now is being implemented in this city, but in
27 order to implement this, there are certain needs
28 that we, as a school systems, and I suppose, school
29 systems across the length and breadth of Canada
30 will need. And I would wish to point out to the

1 Commission that one great need that we would have
2 in the city of Calgary in order to implement this
3 program is information that can be considered
4 factual. We find, at the present time, that we
5 do not have access to this type of information,
6 and I think your committee would be doing us a
7 great service and school districts throughout Canada
8 a great service if you could provide to school
9 systems, information, not only written information,
10 but information in the form of visual materials,
11 which could be used in schools by young people as
12 they study this problem.

13 Another need that we would
14 see within our city, is some help in the retraining
15 or in the training to start with, and then the
16 retraining, of teachers. This is a big problem
17 within our city, as I am sure you will have found
18 in other cities. We must get our teachers into a
19 position where they are ready and willing to accept
20 these young people for what they are, and then to
21 work with young people in the hope that we can
22 do a better job in our schools in the future.

23 Another need that we would
24 have in the city of Calgary is for financial
25 assistance in the providing of seminars, not just
26 for our teachers, but also for students because
27 the students must become a major and take a major
28 role in the preparation of and the carrying through
29 of any program that we have instituted.

30 I would hope too, that funds

1 would be made available from sources, from any
2 sources, to make it possible for us to take a real
3 look at our curriculum, our total curriculum,
4 right from grade one to grade twelve, in order
5 that we might be able to place in that curriculum
6 some of those things that I have been speaking
7 about which will be concerned more with the
8 aspects of living.

9 And then, lastly, I think we do
10 need help in this school system in order to provide
11 the adult training and the adult education programs
12 that will be necessary for the future.

13 Now, Mr. Chairman, I apologize
14 for the sound of my voice today. I am sure it has
15 been hard on you and the members of the audience
16 to listen to me. This is because of the fact that
17 Calgary, at the present time, has had this heavy snow^{fall},
18 and I guess we all catch colds, but I hope that on
19 your next visit to this city you will find the sun
20 shining a little more brightly and that we don't
21 have the snow in April that we have today.

22 There may be questions that
23 you would like to direct to us, and if so, I would
24 hope that these could be directed to Mrs. Johnson
25 or Mr. Brewerton, and it may be that if Mr. Bruce
26 Cummer, one of our students and a member of the
27 committee is in the audience and I would welcome
28 him in joining us at the table. Mr. Sallenback
29 is here too. He could join us.

30 THE CHAIRMAN: Mr. Bruce Cummer?

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Well, thank you very much.

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This is a very carefully prepared brief and of assistance to us. We are, of course, very interested in understanding the problems and techniques of education as fully as we can, and you have obviously given a lot of thought to this subject.

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I should like to pursue just a few lines suggested by the brief. One is student participation. It seems to be the general opinion encountered in the country that young people have an important, valuable role to play in the educational programs, and I'm wondering just how you see that working out in practice in the preparation in the classroom. Secondly, I would like to know a little about bit more / what you understand by value clarification and value development for objectives of the educational program.

18

19

Finally, the content of the general approach of the adult education.

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These three things seem to be

of great importance.

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MR. JAMES: Thank you, Mr. LeDain.

23

Could I direct your first question to Mrs. Johnson?

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MRS. JOHNSON: Mr. Chairman,

Commissioners, this particular field of involving students in actual planning of seminars, the actual conducting of the seminars and partaking of the content of the seminars, I believe, is crucial to the success of this program. You cannot sit on high and direct the students that this is so and

1 that is so. You must dialogue with the students
2 and listen to the point of view of others. I
3 think, perhaps, this is where our educational
4 system has been remiss in the past, not only in
5 this particular field, but in others as well.
6 We have not, perhaps, been receptive to opinions,
7 problems, of the student body. I think we must
8 listen to these young people and try to answer
9 their concerns and if their values and our values
10 seem to be at conflict, we must be very sure that
11 we can justify our particular code.

12 So many things that society
13 puts forward as unchallenged -- values that must
14 not be challenged -- in fact, society must today
15 challenge and this has to do with the school
16 system, pollution, birth control, the whole matter
17 of drugs; the hypocrisy that adults seem to bring
18 to the drug problem. I think the seminar approach
19 is very important too. And this is what we
20 foresee too, that the seminars will be held with
21 complete co-operation and back and forth dialogue.
22 And I think teachers and administrators will learn
23 from students as well as the exchange of knowledge
24 going in the other direction.

25 I would emphasize, Mr. Chair-
26 man, that I would not think seminars alone are a
27 complete answer, or drug programs alone are a
28 complete answer, and I would be very disappointed
29 if anybody took this report and separated out
30 things. In other words, it has to be taken as a

1 complete approach. You cannot say, "Ah, they
2 recommended seminars, we will use seminars. That
3 is the answer." They said, 'Use drug programs,
4 that is the answer.'" You have to take the whole
5 report as a whole, in my opinion, and build on this
6 in all ways, and have this open door all through
7 our school system so discussion can take place.
8 This would be my greatest concern, that people
9 will say, "Seminars are the answer." And they are
10 an answer, but they are not an answer alone.

11 MR. JAMES: Your second
12 question, Mr. Chairman, I believe had to do with
13 value clarification?

14 THE CHAIRMAN: Value develop-
15 ment, particularly in the program at the early
16 grades.

17 MR. JAMES: Yes. Could I
18 direct this question to Mr. Sallenback, please?

19 MR. SALLENBACK: Thank you,
20 Mr. James.

21 Mr. Chairman and fellow
22 Commissioners. This is the concern that we have
23 here, that the young people involved with drug
24 usage, a great number of them will be doing it
25 because of the peer structure in which they are
26 living. This may be to the total disregard of
27 other values which the peer group may not have
28 presented to it just because of their own family
29 backgrounds or experiences in life.

30 We feel that as a result of

1 this, that to go down into the lower grades and
2 start teaching, well, to use the quote, "facts",
3 may not be the most effective method of making
4 young people make a proper appraisal as they
5 become older. There is an ongoing program as a
6 result of this, we feel, required, commencing
7 with these lower grades, for the young people to
8 make assessments as their ability develops of
9 those things which are, for their good, worthwhile.

10 I think we have seen the
11 problems arising with drug usage, some feel that
12 they get benefits from it, and, of course, a great
13 number indicate that they have problems.

14 And this is where it is a
15 personal thing. I guess one can say that you
16 cannot legislate morality. I think you cannot
17 really legislate to cause people to do something
18 that they would not do otherwise. You can punish
19 them or in some way deter them, but the end result
20 is a personal assessment, and the idea, with this in
21 mind, is that properly presented, the facts of
22 making choices, working through the lower grades,
23 when the young people become confronted as they
24 obviously do, in junior high and high school
25 grades, that they can make a personal assessment,
26 they can see through a veil of logic which really
27 is there for other reasons, and make the assessment
28 within their own minds of what they think of the
29 use of such things as drugs, that we find our-
30 selves confronted with. This is where the concern

1 really lies.

2 Myself, I think that the
3 young people of our community here, are in the
4 main, pretty basically sensible, and I say sensible
5 because they question what is not good for them,
6 this is why we say there should be an emphasis
7 placed within the program to allow them to make
8 this sensible assessment.

9 I think, given the opportunity,
10 and I'm sure this is the position of the committee --
11 given the opportunity to have this background, that
12 when they first confront things they may not deal
13 so much with the pressures of their peer group
14 which says, "Do it, to become part of the group."
15 They will have the wisdom, developed through time,
16 to make assessment for their own good, or otherwise
17 as the case may be.

18 THE CHAIRMAN: Dr. Lehmann?

19 DR. LEHMANN: I have been
20 wondering, as I have been listening to this very
21 thoughtful presentation of the committee's work --
22 there were three factors, it seems to me, that
23 you isolated, dealing with the problem. One is
24 the substance of the teaching, that is, the content,
25 the facts that have to be there; then, the medium
26 of teaching, the seminar; then, the training of
27 the teachers and other factors. But one thing I
28 didn't hear mentioned, and that is the question
29 of selecting the teachers.

30 Now, there seems to be an

1 important personality factor involved in teaching
2 such precarious, almost inflammatory material, as
3 these contentious values. And the Commission has,
4 on many occasions, found that, for instance, the
5 young people do not have always an open mind
6 toward the older people, although they would be
7 the last ones to admit it. By the same token, I
8 think that many older generation people, after
9 twenty-five, would insist that they have a very
10 open mind towards the younger generation but may
11 not really have it.

12 Now, how is one going to make
13 sure that the particular, highly tolerant -- well,
14 tolerance requiring personality factors will be
15 present? It will require a secure person, one who
16 is tolerant, one who knows himself quite well,
17 and is not easily rationalizing, "Oh, yes, I'm
18 quite open-minded," but in reality is not. In
19 other words, how are you going to deal with the
20 personality selection?

21 MR. JAMES: This is a good
22 question, and I think it is a question and I think
23 it is a question that really will mean success
24 or failure to this whole problem; that is, the
25 type of person that you have counselling and
26 working with the young people and involved in this
27 program with the schools.

28 I don't think I could
29 personally agree with the fact that young people
30 themselves don't feel they can work with an older

1 person. I don't think that is the area that
2 makes the big gap between young people and older
3 people today. But the gap is caused by the
4 attitude of the past generation.

5 Many of us, who are not of
6 the younger generation, find it very difficult to
7 accept young people for what they are. Many of
8 us fail to accept the fact that these young people
9 are more sophisticated, more knowledgeable and
10 really more understanding than the young people
11 of our day. And I think the gap comes in then to
12 this question of the individual, the older person
13 accepting the young people.

14 I know many teachers in our
15 Calgary school system who are getting on in years
16 but who are well accepted by young people, and
17 when there is a problem in the school the young
18 people will go to this individual because the young
19 person knows that they have the confidence of this
20 individual. And so, it is going to be a problem
21 to pick and to choose the people who will be put
22 in these positions of responsibility.

23 But I don't think it is an
24 impossible problem. I think that young people
25 themselves in any school know who the teachers are
26 with whom they can relate. You ask any group
27 of young people in a school and they will tell
28 you very quickly the teachers who have this quality.

29 And I think too, if you were
30 to ask some of us who are in higher positions in

1 the school system, I think, we too get to know
2 those people who have this type of ability.

3 Now, I'm not saying that all
4 teachers, and all good teachers, could become this
5 type of counsellor. Once they are handpicked, and
6 out of our 4,000 teachers in the Calgary School
7 System, we have handpicked the fifty to go to Banff.
8 These, I would hope, are the people who in the
9 months ahead, can be trained and can take a good
10 look at themselves in the hope that they will go
11 back into the schools and do this job in a better
12 way than it has been done in the past.

13 MR. SALLENBACH: If I may,
14 Mr. James too, I think the report that has been
15 presented may show that we have three categories
16 of personnel that will be involved. The first, if
17 one were to say ^{of} /the "group" that would have this
18 relationship, of being able to deal with young
19 people regardless of the age of the teaching
20 personnel. It is this group which will be primarily
21 carrying forth the program of dealing with the
22 dissemination of the information, as you suggest,
23 that they are following in addition to that,
24 because the ongoing processes are necessary, and
25 because of the fact of referrals by others within
26 the School System to these specially abled people,
27 that all of the teachers would be presumed to be
28 needed to have taught some very basic information,
29 so they could see the issues and then know when
30 something was arising in the way of a problem, to

1 make the referral to these other more capable
2 individuals.

3 DR. LEHMANN: How have the
4 parents reacted to the program that is developing
5 now? For instance, have they all accepted the
6 fact that the students no longer be expelled
7 even if it is known that they are taking drugs?
8 How many of the parents will accept to come to
9 the adult seminars, and in general, what is the
10 feeling towards the program?

11 MR. JAMES: We received
12 a brief from the Calgary Home and School Associa-
13 tion. This brief did suggest that parents
14 within the communities are groping for help in
15 the same way that we, as educationalists, are
16 groping for help at the moment. We do not have
17 the answers. We are groping for help, and the
18 parents are. And I am certain that parents
19 would accept this type of program, that they
20 would throw themselves into it, and that they
21 would do it in a way in which they would hope
22 that they too could be helped in order to work
23 better and more closely with their children.

24 Perhaps Mr. Brewerton is
25 the man who should speak to this point, though.
26 As a parent, perhaps he could say a little more
27 about it.

28 MR. BREWERTON: We found
29 in discussion circles as well as seminars with
30 parents, whether they be as parents alone, or

1 with parents and teachers, or parents, teachers
2 and students, that there has not only been general
3 support, there has been enthusiastic effort and
4 desire on the part of the parents to further
5 inform themselves, to be able to help the children.
6 What it amounts to is that the parents love the
7 children and they don't know how to help them,
8 so they welcome such teaching.

9 Also, there was great unani-
10 mity in our committee as to this mode of teaching,
11 that it be factual, non-judgmental and objective,
12 as opposed to moralizing or emotional type teaching
13 which has bias.

14 And fortunately, independently
15 of this opinion, the students themselves who
16 represented their student bodies, concurred very
17 clearly that this is the only thing they would
18 accept.

19 Mr. Chairman, may I make a
20 comment on what transpired with Dr. Pearce a moment
21 ago, speaking on a current situation that
22 exists. The question arose as to the sale and
23 display of proprietary medicines in the province
24 of Alberta, and the consequent abuse because of
25 over-the-counter sales. The Alberta Pharmaceutical
26 Association, between six and twelve months ago,
27 issued a proclamation in The Bulletin to all of
28 the pharmacies in the province. The current
29 procedure is being used, I trust, by all pharma-
30 cies, that such over-the-counter items, and I might

1 mention by way of illustration -- items used for
2 asthma which may contain some of the (somanatiou)s
3 drugs such as bella donna, those items are generally
4 kept away from the reach of the people, often in
5 the dispensaries. Certainly some aerosols
6 used for the treatment of certain asthmatic
7 conditions, as Protorenol , for instance, they
8 are strictly kept in dispensaries. To go a
9 step further with the recommendation, and this is
10 not a law but it is a strong recommendation from
11 the Association that the pharmacies not only put
12 those away from public view and sell them upon
13 request with a little bit of discernment, but also
14 if there is any question of any attitude of misuse,
15 for example, maybe the age of the customer may
16 question this, or give rise to this, then they
17 sign a Poison Register which is in all pharmacies.
18 This involves considerable detail and which would
19 enable a little bit of tracing later, as well as
20 the psychological bearing that it would impose.

21 Thank you.

22 THE CHAIRMAN: Are there any
23 other questions or observations for members of
24 the School Board?

25 THE PUBLIC: I would like to
26 ask the School Board about several comments on
27 their brief.

28 THE CHAIRMAN: Could you use
29 the microphone?

30 THE PUBLIC: It is my under-

1 standing that from the grade seven level and
2 continued to the grade twelve level, the students
3 are to be bombarded with programs for five years?
4 Is this my understanding?

5 MR. JAMES: Mr. Chairman, it
6 wouldn't be the hope that they would be bombarded
7 but there would be planned programs from grade seven
8 up, but this doesn't mean that, say, on a Tuesday
9 morning, every Tuesday morning at ten o'clock
10 that the students will have a program on drugs.
11 This doesn't mean this type of thing at all. But
12 in our report you will notice that we put emphasis
13 on the fact that the program itself should be
14 interwoven into the regular school curriculum.
15 This would mean that, say, in a health class or
16 in a social studies class when the problem of
17 drugs naturally comes to the fore, that the teacher
18 and the school, at this stage, working with the
19 students would prepare lessons and programs on
20 the subject. The school children know and the
21 students in the schools know, from seven to twelve,
22 will not be bombarded in the way that is suggested.

23 THE PUBLIC: My second question
24 here is, are these courses to be required or
25 optional? Are they electives in the junior or
26 senior high or are they to be required courses?
27 Is the discretion left up to the student as to
28 whether he or she would like to take the factual
29 seminars, or is it going to be an integral part
30 of the curriculum?

1 MR. JAMES: These courses
2 would be interwoven as I have suggested and just
3 in the same way as the other /^{parts} in the curriculum
4 which are taken by all students, they will be
5 taken by -- that is, the program -- all students
6 will participate in the program.

Now, there may be other
seminars, too. It may be that seminars will be
provided in schools at a time when students can
elect to attend. or they may elect not to attend.

11 THE PUBLIC: So there may
12 be two sessions, one required and one optional?

13 MR. JAMES: This would be
14 true.

15 THE PUBLIC: My next comment
16 before I ask you one more question here is, it
17 mentions the use of Phys. Ed. teachers as well
18 as guidance counsellors in the high school and
19 junior high school. I think any of us who have
20 any experience with education, certainly
21 any of us who have gone through the City of
22 Calgary junior high school and high school program,
23 will be in agreement that this could be one of
24 the worst possible choices.

25 MR. JAMES: Yes. Well, on
26 the other hand, I think in fairness to many Phys.
27 Ed. people, we would have to say too, that it
28 could be one of the best choices. But what I
29 really meant to say here was that, by virtue of
30 close contact with student groups and the ability

1 to relate to students, I think this would be the
2 criteria.

3 THE PUBLIC: My last point,
4 and there are two questions here, one, would you
5 define use or misuse -- I should say misuse of
6 drugs? And my second question is, what is the
7 actual stand taken by the Calgary School Board on
8 the use of drugs, pro or con? You could define
9 that on terms of marijuana or any other drug, if
10 you like.

11 MR. BREWERTON: When you speak
12 of use or misuse, we must decide on the legal
13 implications. When you speak of use, you are
14 speaking of amphetamines and the barbiturates, and
15 the hard drugs, such as the narcotics, their use
16 would be indicated medically and prescribed to
17 conform to law. The misuse again from a strictly
18 legal definition, the misuse would be using some-
19 thing which contravenes the law. I don't know
20 whether you want to go further and say whether it
21 contravenes body chemistry or not.

22 THE PUBLIC: Mr. Chairman ---

23 THE PUBLIC: I'm sorry, I
24 didn't hear the reply to the stand taken by the
25 Calgary School Board on drugs.

26 MR. SALLENBACH: This,
27 Mr. Chairman, was not part of the terms of reference.
28 This committee was composed of two of the members
29 of the Board and a number of citizens at large,
30 and members of the administration, as I am sure you

1 had outlined to you before. So there is no
2 official position, I think is the fair way of
3 saying it. Individual persons who are involved
4 in the committee, had, maybe different positions.
5 There, I don't think, has ever been any question
6 asked of the trustees individually, or anyone, as
7 to what their/^{personal}position is, and I think that is
8 the position, there is no official position.

9 THE CHAIRMAN: Well, is that
10 what I understand, in your view, a well organized
11 drug program does not presuppose any general
12 attitude on the subject of non-medical drug use?

13 MR. SALLENBACK: Well, sir,
14 I think it takes the position with respect to what
15 Mr. Brewerton has indicated, the legal position
16 in front of us at the moment, whatever it is, and
17 that must be considered, and the information be
18 disseminated on both sides of the picture, the use
19 or the misuse, as the case may be, as I think he
20 probably has explained. I think it is in that
21 context and that frame of reference that we had --that
22 were dealt with.

23 THE CHAIRMAN: Well, would you
24 consider that/a drug education program, it would
25 be permissible to have discussion on the appropri-
26 ateness of the law, the existing law, for example,
27 the appropriateness of the whole social response
28 to the phenomenon? Would that be an appropriate
29 subject matter for discussion of students?

30 MRS. JOHNSON: Mr. Chairman,

1 be
2 I hope that would /appropriate discussion in any
3 number of instances in our social studies courses.
4 There are many laws that our students and teachers
5 would do well to speak on their appropriateness
6 and changing social circumstances. I think that
7 would be a proper subject for discussion in integ-
8 rated classes or in the seminars.

9 THE CHAIRMAN: Gentleman at
10 the microphone?

11 THE PUBLIC: Thank you,
12 Mr. Chairman. My name is Bruce Elkind,
13 and I speak as an ex-probation officer in Juvenile
14 and Family Court in Edmonton, and an ex-teacher in
15 the Calgary Public School System, and I believe,
16 after hearing the abstract of the report, this
17 report could in fact become one of the factors
18 which would perpetuate rather than resolve this drug
19 problem. I find in the report an inherent contra-
20 diction which this gentleman began to come to.

21 The contradiction I find in
22 the area of value development, value clarification
23 and the teaching of sensible facts. And I no
24 longer agree with people like Mr. James as to what
25 is sensible and what is not sensible, and I think
26 there are a lot of people who don't really know
27 what is sensible and what is not sensible. And,
28 as was pointed out, you people are travelling the
29 country trying to find people to take stands, the
30 kinds of stands which they are taking.

The value development and the

1 teaching of "cold facts" are to be woven into the
2 other subjects and they are to be taught by means
3 of an open and free discussion and dialogue. I
4 don't believe that, sirs and lady, that it can't
5 happen, particularly teaching social studies where
6 we set up a grading system whereby answers are required;
7 we have certain requirements where it ceases to become
8 open, and the discussion is open until such point that
9 the person leading the discussion, i.e., the teacher,
10 and the person charged with covering certain amounts
11 of materials, charged with working within the
12 curriculum says that this is the answer, because
13 this is the answer that is going to be on examination.
14 There are, within the present school system, right
15 answers. There are stars, there are grades, and
16 there are less formal ways of coming to right
17 answers.

The students see this -- it
is very obvious that what they feel, what they
think, is not as important as what they are meant
to feel and what they are meant to think. They
become more cynical, they adjust to these require-
ments, and they find themselves in the deplorable
position that so many people find themselves in,
and brings them to the escapism that was talked
about this morning, that makes them want to escape
and alter their moods. And the young people have
to come home from schools and their moods are not
particularly high and they find solace in drugs.
And so, I don't think that the Calgary Public Schoo

1 Board has even begun to touch the problem; I think
2 they have skirted it entirely.

3 MR. STEIN: What kind of a
4 recommendation would you make? Do you have some-
5 thing in mind as an alternative to their approach
6 to this?

7 THE PUBLIC: I have several.
8
9 One would be the total re-evaluation of the
10 existing school system, which is much too long
11 to go into here. I will say that to score points
12 in this arena, but I am quite serious about it.
13 I believe that the school systems are a determining
factor.

14 But I do think that these
15 kinds of drug -- I don't know what kind of drug
16 information seminars and things like that, should
17 be done in conjunction with the parents outside
18 of school. I don't believe that these kinds of
19 things, or things like religion or things like
20 the sex or family life instruction should be taught
21 in a compulsory manner in school; I don't believe
22 anything should be taught in a compulsory manner
23 in school, but these kinds of things, and the words,
24 "value development" and "value clarification" are
25 frankly scaring the daylights out of me, because
26 I think I know what those mean, and it is very
27 frightening. And I think these things have to be
28 voluntary, because to weave it into the fabric
29 of the subject is to disguise it. I mean, there
30 is another word for that, and I mean, I realize I

1 am taking an extreme position, but it is another
2 way of weaving it into the subject, developing
3 young people's values.

4 THE CHAIRMAN: Excuse me. Do
5 you agree that there should be compulsory education
6 at all?

7 THE PUBLIC: No, sir, I don't.

8 THE CHAIRMAN: Gentleman at
9 the microphone?

10 THE PUBLIC: On this committee
11 you set up dealing with drugs with the students,
12 I have noticed-- I have read a little bit of the
13 report, the views of the adults are put into the
14 report, and I don't know how many adults you had
15 on the committee, but you only had two students
16 that I know of. I don't know how come this is.

17 MR. JAMES: Mr. Chairman, this
18 is not quite the case. We had at least forty,
19 possibly closer to sixty, students from high schools
20 at our meeting, at which time we conducted a closed
21 meeting. It was closed to the press, and the
22 reason for having it closed to the press was that
23 we wanted to say to the young people at the begin-
24 ning of the sessions, "Now, we would like you to
25 be frank; we would like you to be honest with
26 yourselves and with us, and we would hope that
27 you would express yourselves in this matter."
28 And I think it can be said that those young people
29 who were at our meeting with us, did just that.
30 They spoke frankly and freely, and openly, and we

1 || respected their points of view.

2 THE PUBLIC: Mr. James, in
3 the report I was just reading here; there is a copy
4 left here; I noticed in the back all sorts of
5 submissions from establishment organizations. I
6 didn't see one submission from a student.

7 MR. JAMES: This is true.

8 There are no written submissions from students,
9 but you were at the meeting.

10 THE PUBLIC: I handed in a
11 written submission, sir.

12 MR. JAMES: Yes, but not until
13 later.

14 THE PUBLIC: It was at that
15 meeting.

16 MR. SALLENBACH: May I speak
17 to this point, Mr. Chairman? I think we are
18 talking here about something that was pretty basic
19 to the committee, and that was whether we could
20 get an honest appraisal from the young people
21 within our school system as to their feelings on
22 the point. We felt, as a committee that it would
23 be unfair to them to have them put their name to
24 a piece of paper and forever have themselves
25 committed to a position, as young people might
26 feel that they would not want to be. It was for
27 proper dialogue that they could give us their
28 honest expression, that they could come forward
29 and say that they were for it, they were against it
30 and how they felt they would if they wanted to have

1 anything taught, to be taught it. They did not
2 want to go on record in the sense of the sub-
3 missions that this young gentleman is referring
4 to, and this is exactly for their own attitude
5 and to get an honest dialogue from them, and
6 I think we succeeded in doing so.

7 Those who were there at that
8 meeting expressed as young people, after it was
9 completed, that they felt they had a very effective
10 hearing on the matter.

11 THE PUBLIC: What we said
12 at the meeting didn't really make a different to
13 you people because you had already made up your
14 minds that there was a drug problem in the schools,
15 and your problem is to find us using marijuana
16 or just using any kind of drug. Drug abuse is
17 using marijuana, because it is illegal. Drug
18 abuse is using some drugs that are ten times worse
19 than marijuana, but they are legal. I think your
20 definitions are totally useless.

21 THE CHAIRMAN: Gentleman at
22 the microphone?

23 THE PUBLIC: Mr. Chairman,
24 my name is Harold Gunderson. I am a school trustee,
25 Vice-Chairman of the Calgary Public School Board,
26 and I must say that I found myself the only
27 dissenting trustee in respect to this report. And
28 I would like to say why, sir.

29 First of all, as a somewhat
30 old man of forty, I recognize that we live in a

1 somewhat permissive society, that there is a
2 great deal of negativity abroad, and what is
3 wrong with society is very much to the fore, and
4 it is not so popular to say what is right with
5 society. I am the father of four children, sir,
6 two of them are still at school; son in university
7 and one completing his senior grade.

8 I feel that there are many
9 good aspects of the committee report which was
10 presented to our Board. My concern with drug use
11 has been for some time. I presented an original
12 motion with the Board to meet with our police and
13 to discover the implications of drug use in this
14 city, and we met with them two and a half years
15 ago, and if we could believe them at that time,
16 which we did, there was no problem. And unfortu-
17 nately I don't think anyone grasped the size of
18 the problem at that time, nor appreciated it.

19 I could say that to
20 follow up my interests, together
21 with a member of the Legislative Assembly, we broke the
22 law, we
/attended a marijuana party. I would say this, sir,
23 I have been in many situations with people drinking
24 alcohol and watching young people under the influence,
25 if you would like to use that word, of marijuana
26 as opposed to them getting high on alcohol. If
27 I had my choice, I think I would have to say perhaps
28 marijuana isn't that bad. But I am also reminded,
29 sir, of what Abraham Lincoln said of liquor: "It
30 has many defenders but no defence." And I think this

1 is somewhat apropos of drugs. And I am also
2 convinced, in taking the statement of Inspector
3 Andy Little of the City Police, "Can society
4 stand another problem like alcohol?" I doubt
5 that it can.

6 Now, there are many people
7 who get up and support the use of marijuana, and
8 just as a personal aside, sir, I would like to
9 say this: The son of a very close friend phoned
10 me one night, and I knew that he had been exposed
11 to marijuana, had taken it, and he had graduated
12 from marijuana to LSD, and he told me, and he
13 came to me to ask me -- to talk to me, and he said
14 that within a particular week he had contemplated
15 suicide five times. Now, I don't present this,
16 sir, as shock. I am saying that some people may
17 be able to take marijuana, but just as liquor
18 has an adverse effect, or quite a contrary effect
19 on some people, I think so do the drugs. But I am
20 getting beyond the sphere of my confidence. I
21 know not, hence the Commission.

22 My concern with this report,
23 and the gentleman that just stood up touched on
24 this, this matter of counsellors. The recommended
25 ratio for school counsellors is one counsellor
26 for every 200 to 250 students. In our school
27 system, our ratio is one counsellor for every 400 -
28 450 students. This is really putting a load on
29 the role -- on the shoulders of a counsellor.
30 But there is something that is very much more of

1 concern to me and which resulted in my voting
2 against this report, and I see something in here,
3 sir, which will divide the school against the
4 parent. And in your report, there is that bit
5 dealing with confidentiality, and the Board decreed
6 by policy resolution that night, that in no case
7 will a school counsellor be permitted to tell
8 the parent if there is a drug problem.

9 Now, I know some people will
10 say, "Well, look, if somebody goes to a minister
11 or if somebody goes to a doctor, the confidence
12 is respected." But I say there is something much
13 more to this than just that. First of all, the
14 School Board operates under an Act set up by the
15 provincial legislature. In many cases we are
16 dealing with minors, and I don't for one minute
17 support the fact, sir, that if a young person,
18 particularly a minor, comes to a counsellor, and
19 I draw this hypothetical situation: Let's say
20 there is a young person aged thirteen, fourteen,
21 fifteen, who is taking LSD and the counsellor
22 cannot tell the parent. Then the parents from
23 their ignorance, there is a blow-up in the home,
24 a very bad quarrel, and the student decides to
25 leave home or does something more drastic. Whereas
26 if they would have been informed of this problem
27 and knew that they had to open the channels of
28 communication, and really help this son or daughter,
29 whatever the case might be, that then they could
30 have been aware, and through that awareness, taken

1 the right action.

2 Well, I would say that some-
3 body who has decreed that the parent cannot be
4 informed is really laying down the law, and I
5 suspect, sir, that there is a very strong legal
6 argument here that may one day be decided in the
7 courts.

8 I have written to the Attorney
9 General of this province in this respect, and also
10 to the Minister of Education, and perhaps the
11 reason they haven't replied to my letter is, they
12 recognize that this just might be more than a bit
13 of a problem too.

14 I am for good information;
15 I am for good home and school community relations,
16 but I cannot support something that will divide
17 the school, divide the community, divide the
18 parents, because it pits one against the other,
19 and the school, as an instrument of democracy
20 rests; it rests on the goodwill of the people it serves,
21 and it is to my great regret, sir, that the School
22 Board, as my fellow trustees, have decreed this.
23 And I say they will have to live with it, but I
24 must disassociate myself from it, and I just wanted
25 to make those observations.

26 THE PUBLIC: Mr. Gunderson,
27 before you leave the mike, I really can't picture
28 you or any parent sitting down and talking with a
29 son if he is notified that his son is taking LSD,
30 or any substance, and be so calm and collected about

1 it. Like, the first thing any parent does, well,
2 I can't say any, but most, is to blow up and get
3 all paranoid about the fact that their kid is
4 taking dope.

5 THE PUBLIC: Well, I recognize,
6 Mr. Commissioner, that, you know, parents really
7 don't know much these days, but they aren't much
8 different today than they were twenty or thirty
9 years ago.

10 THE PUBLIC: I am sorry, sir.

11 THE CHAIRMAN: Gentleman at
12 the microphone, there?

13 THE PUBLIC: Well, I am a
14 parent and twice the age of twenty-five, and I
15 have something to say about it.

26 There is another thing, Mr.
27 Chairman, I would like to bring up. We have today
28 heard about drug use and drug misuse, and also
29 Dr. Pearce isn't here any more. I would like to
30 ask him if he would be in favour of getting drugs

1 back in the hands of the professional psychiatrists
2 and so on, because I think it is a very big
3 question, and I am certainly, as a citizen, very
4 much in favour of getting the drugs or LSD back
5 to the professionals.

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1 Let them go off with it because I know this will
2 do a lot of good for society.

3 THE CHAIRMAN: Thank you.

4 THE PUBLIC: I asked this
5 question before, Mr. Chairman, about this committee
6 that is set up and you answered me that it was
7 a seminar of students, six to every set, but I
8 was informed through different students, I don't
9 know if it has been loaded up or not. But on
10 the committee that was set up there was only two
11 students on each. Since the problem lies with
12 the students, why can't we have better representation
13 because we are the ones that are getting knocked
14 around by it?

15 MR. JAMES: Yes it is true
16 that two were students, but there were other
17 young people that were on the committee too.
18 If you were to look at the names that were involved
19 on the committee you will find that many of them
20 were young people. I don't know exactly what age
21 to say here, but very close to their twenties;
22 eighteen, nineteen, twenty.

23 THE PUBLIC: I have also
24 another question. Apparently half of our school--
25 for a seminar that constituted 800 people. What
26 good would that be because there would be 800
27 people gathered, and nobody is going to talk,
28 or everybody is going to talk at once?

29 MR. JAMES: This would
30 not be our concept of a seminar at all. Of course,

1 you could have large seminars, and you could have
2 small seminars, but to really get value on this
3 type of session, your seminar has to be small.
4 You don't get value out of a seminar where you
5 have 50 people around a table. If you have
6 8,to 10,to 12 people,you might get value out
7 of it, where everyone can become involved.

8 THE PUBLIC: Who is going
9 to decide in the schools what the student has
10 been doing, whether he has been pushing dope,
11 dropping chemicals, or anything. Who is going
12 to decide this?

13 MR. JAMES: This,of course,
14 is a good question,too. This has to be decided
15 though. It is has to be decided, and I suppose
16 the school authority has to accept the responsibility
17 which is given to that authority by the parents
18 of those students. If a student is in a school
19 and he is peddling in a school, by law, the law
20 of this land, the school authority must act.
21 And let me say one thing, further though, that
22 the report stresses that there are ways of
23 acting. He must act in co-operation with many
24 people. One of those, would be the parent, the
25 home. Another would be the police authority,
26 because the police do have responsibility.
27 The law enforcement officers do have responsibility
28 according to law.

29 THE PUBLIC: I agree with
30 you, they have a responsibility, but if you, say

1 you were the principal in a school, and you
2 caught a kid with, in his possession any dope
3 or anything, why run to the cops, because if
4 you scare him, by just telling him, he may lay
5 off and quit. But if you go run to the cops, and
6 he gets put in jail for two and a half years
7 or something, it is not going to do any good.

8 MR. JAMES: Well I would
9 hope that you would not interpret this report
10 in this manner. I think I stressed the fact,
11 when I was presenting the report that nothing
12 would be done in a punitive manner.

13 THE PUBLIC: You said
14 later on that the police would be brought in
15 on this.

16 MR. JAMES: I think you
17 have to do this. In our society the law is there,
18 and we have to work in co-operation with the
19 police. This doesn't mean that the police them-
20 selves are out today to really harm young people.

21 THE PUBLIC: Another
22 question. Who is going to train the teachers,
23 if they are going to try to train us, or teach
24 us. Who is going to be telling the teachers how
25 to teach us?

26 MR. JAMES: Well, for
27 instance, tonight in Banff , we will be having
28 a seminar, and with 15 counsellors there, we will
29 be bringing in a noted person, from I believe, it
30 is California, he is flying in here today, he is

not a teacher, but he is a man who has a background in this type of work. He has worked in this field and with some success with young people. We are also flying in another gentleman from down east, another man who is an authority in this field, who is not a teacher by the way, and these will be the main people who will be directing our seminar in Banff.

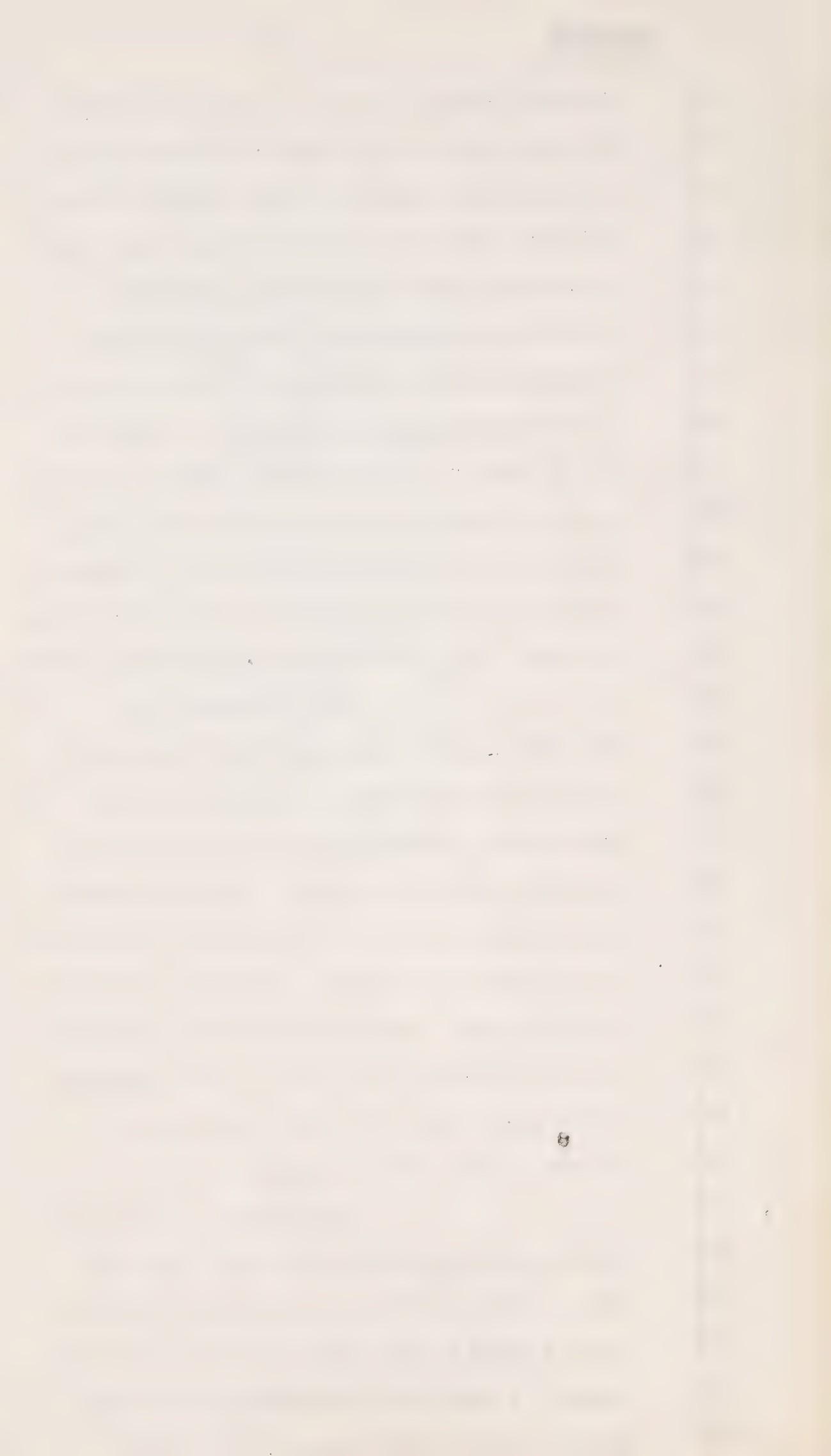
THE PUBLIC: You mentioned earlier on that you tried to get one counsellor for every 400 students. In the school I am going to, I think there is about 1500 students, and we have 2 or 3 student counsellors, not including the vice-principal. I don't see any reason why students experience on dope, why they can't lay everything on the kids who want to try dope, but they are not too sure about themselves. Like some of the counsellors don't have the vaguest idea about it.

MR. JAMES: I will accept that fact. I mentioned when I was presenting the report that young people today are sophisticated to a degree that we wouldn't have dreamed of, ten or fifteen years ago. It is true that young people today know more about the facts than many adults. We accept this. But, I think if we were to accept the whole feeling of this report -- what we are really saying here, is that we want to work more closely with young people; we want to give young people a part in

1 decision making; we want to give young people
2 an opportunity to study and review those facts.
3 Now the school authority cannot ensure that you
4 will not take drugs, but what we can do is this;
5 that we will give you the best information
6 possible; we can give you the opportunity to
7 think your problem through, and then, when the
8 time comes when you are faced with temptation,
9 you at least will have a better chance of making
10 a decision which will be good for you. If you
11 know the facts, if you know what the problem is,
12 then you will, if you just drift in to the taking
13 of drugs. This is the whole tenure of this report.

14 MRS. JOHNSTON: Mr.
15 Chairman, much has been said about the great
16 credibility gap we have to overcome with our
17 young people, that the people in the authority
18 have the credibility gap with the young people,
19 and I think what we just went through, emphasizes
20 to everybody here present; just what a gap there
21 is to overcome. These people are not accepting
22 us at face value, and I think in many instances
23 in our past record, they have every right to
24 be dubious. But this is the gap.

25 THE PUBLIC: I would like
26 to direct these few comments to the Commission
27 here. I had the rather dubious distinction of
28 being a guard at our local provincial jail last
29 summer. I spent three months as a substitute
30 guard. I think the Commission -- I am not



1 following you right across Canada -- should be
2 aware of what jail sentences do to the psyche
3 of those who are committed, incarcerated
4 for drug offences, even possession of such
5 drugs as marijuana. I have rather shocking
6 stories that would keep you up for several hours
7 every night about some of the young people that
8 are in this particular jail and certainly in
9 other jails across our country, and how this
10 term of incarceration impairs their minds. For
11 those of them who managed to leave and who did
12 not become recidivists, they are forever marked
13 with a criminal record, which affects their
14 schooling, graduate schools, and professional
15 schools, and it affects them when they go to
16 get jobs in our society. I am a future physician.
17 I would venture to say that half of the medical
18 students now entering our medical schools and
19 certainly probably that many of our law students
20 are users of marijuana, and I think it is a shame
21 that they are hiding behind their professional
22 standing, and letting the laws ride, and are
23 using it in the background.

24 And I think this should
25 publicly be changed.

26 THE CHAIRMAN: Thank you.

27 THE PUBLIC: My name
28 is Stewart Lamb. I am a first year university
29 student, and I would like to ask the school board
30 how it distinguished between a psychedelic

1 MR. SALLENBACH: Mr.

2 Chairman, if I may, I would like to personally
3 speak to this point. I think that the consideration
4 your Commission must make as you go across the
5 Country, is to consider the personnel, and that
6 is to take one of the considerations confronting
7 our society and to take and say marijuana
8 alone seems to be the forefront of the concern
9 from those who may have spoken to your Commission,
10 to say that it alone is the thing that you are
11 considering without its carryover if any, or
12 its relationship to the others. It seems that
13 people are trying to make that distinction of
14 marijuana alone, and I am sure you consider
15 these point, but I would like to say that I
16 don't believe we should add to a possible
17 concern of problems in this nation. I think
18 we have an obligation to see those things which
19 are best able to taken care of for the good of
20 the people at large, a minority. Positions,
21 of course, must be given considerations, but I
22 am sure they would be an overpowering position
23 when you make your decisions.

24 THE CHAIRMAN: Well I
25 should say we are called upon to examine the
26 whole non-medical use of psychotropic drugs,
27 and we are trying to do that to the best of our
28 ability, but that goes, of course, much beyond
29 the simple question of marijuana.

30 Thank you.

1 MR. BREWERTON: Mr. Chairman,
2 if I may just make one small comment, please. It
3 would be an indelible experience if anyone here could
4 sit within a nation where use of a hallucinogenic
5 compound is endemic by its nature. That is to say,
6 if you could see the people, not by the hundreds, but
7 by the thousands who have not only used a hallucino-
8 gen for years, but for generations, then, when you
9 see that effect on the people, then, of course, you
10 could certainly question this. I have seen this for
11 some years in South America. We have never seen it
12 here.

In answer to the one
gentleman's question here, with regard to --
gentleman who has a son and daughter in university,
and the other question which arose, the concern of
whether they would be real facts taught without
bias, I think, when you read literature, as most
of you have, you will detect that some of it is
biased one way or the other. But, I think if
you pick up such tests, as the text called,
Hallucinogens, by Hoffer and Osmond, 1967, it is
deep and it is complex; it is excellent. You
will see the kind of teaching I would hope the
School Board would want to incorporate. They
are just fact, that is all; there is no emotion
whatsoever. This is merely an explanation based
on research

29 | Thank you.

30 THE CHAIRMAN: Thank you.

1 Thank you, Mrs. Johnston.

2 I call now upon Dr. Carl
3 J. Reisch. Mr. Gibb Clark is here representing
4 the Junior Bar Section of the Alberta Section of
5 the Canadian Bar. I apologize to you for the
6 delay. We are running a bit behind, but we will
7 hear you.

8 DR. REISCH: I beg the
9 indulgence of the Commission and of the public
10 for my address. I haven't had the occasion to
11 wrap the several writings up in a concise manner,
12 so in this discussion I will possibly refer to
13 some of them and perhaps disjoint my discussion
14 to a mild degree.

15 My interest in addiction
16 is not a new one. Roughly fifteen years ago
17 I prevailed on the Warden of Okalla Prison to
18 let me conduct a private clinical research on
19 heroin addicts, which I did to some degree until
20 it was terminated. In 1959 I was the founding
21 president of the Canadian Non-Smokers Association
22 in Vancouver. Roughly fifteen years ago, after
23 several years of practice, which several years
24 of practice followed an extended period of
25 post-graduate training, I became a certified
26 specialist in internal medicine in 1950. I
27 considered I had stumbled on a clinical find
28 of some importance. Around these years 1950 - 1956
29 there were two publications by (Hans Selye)
30 concerning his concepts on stress. Selye



1 at that time invented the term "adaptation",
2 said that certain diseases of society were
3 phenomena of adaptation to stress. I wrote --
4 I have had periodic correspondence with Mr.
5 Selye , not to any degree, but as many
6 years ago as that, that's 1953 - 1954, I informed
7 him of my clinical observations, that I consider
8 the expression, much disease in our society,
9 was not so much as adaption to stress, where
10 I say the healthy organism can take stress
11 infinitely, but I informed him and as I wrote of,
12 it is the deficient organism, it is the deficient
13 body which reacts abnormally/ ^{to} stress, and I
14 defined this deficient state which can be
15 identified prior to the expression of disease
16 as the state of maladaptation. In this, I must
17 mention, however, that none of these concepts
18 have been published medically. I have had the
19 misfortune of pursuing a concept which is not
20 accepted generally. In fact, it is not accepted.
21 But, in contrast to this, I wish the Commission
22 now, to particularly make note of this point:
23 in contrast to this in the application of these
24 principles to one particularly disasterous disease
25 such as chronic asthma, which as you know is
26 considered one of the diseases of adaptation, one of
27 the results of therapy which I have succeeded
28 in gaining these last few years is this: by
29 resolving the stress of deficiency, in these
30 particular individuals, I have provided either

1 moderate to excellent resolution of this disease,
2 in an overall 75% population in all age groups,
3 lift this degree of resolution of asthma, which
4 (Deitchleider)
4 / described as moderate to excellent,
5 referred to the young child, age 1 - 10, I gained
6 a 94% average of success.

7 Now these concepts of mal-
8 adaptation through physical deficiency were
9 presented to the Mental Health Group last
10 year in a similar brief and spoken to like this
11 approximately a year ago. At that time this
12 Commission, this group, I posed them the
13 problem. I posed them this question: if
14 chronic asthma which is considered an allergic
15 or psychosomatic phenomena can be relieved
16 in approximately 90% of young children by the
17 identification of the basic mal-adapted process,
18 then I asked them what could I do to a hundred
19 and such young children not expressing chronic
20 asthma as a disease, but with whom perhaps this
21 Mental Health Study Group were concerned with
22 their problems in learning, their problems
23 in physique, perhaps their problems in personal
24 behaviour.

25 My brief was not responded
26 to as well by all my concepts -- to date had
27 not been responded to, but this matters not.
28 I am not that much of a fool, that I cannot
29 yet still examine a patient, I can tell when
30 a patient has chronic asthma; I can tell when

they have clinical background which suggests
that something else is bothering them besides
their chronic asthma, and I can also identify
this basic state in people who never had an
expression of disease in their lifetime. This
is what I examined, and I suggest that this
clinical manifestation is a disease prone state
not only in reference to chronic asthma, or
perhaps in later years to cryptic alceration or
perhaps to rheumatoid arthritis. I think this
basic physiological process which might be
responsible for the addicted states to drugs.

13 THE CHAIRMAN: Excuse, me,
14 doctor, what do you think is responsible
15 for the addicted state?

DR. REISCH: This state
which I defined as chronic adaptation.
I will try to be brief. I know that you must
be patient. For this presentation does involve
concepts which have been in years developing,
which is not the easiest thing for me to put
over briefly. I will at this moment then sort
of revamp what I have stated and try to get
to the points.

It is apparent to me
that the person deficient of diet in reference
to particularly milk products, particularly in
reference to the minerals of the diet, it appears
to me that a person who is chronically deficient
of Vitamin D particularly in reference to sunshine

1 on their skin, do develop a physiological state
2 which can be recognized clinically by any general
3 practitioner. It appears to me that this state
4 which may be recognized by any general practitioner
5 is not only the background for chronic asthma,
6 or other of a so-called adaptable diseases, it is --
7 I am convinced that the identification of this
8 state in the non-diseased person is equally
9 simple. One expression of this state, one of
10 the functional expressions of such a person in
11 this deficient state is what I define as chemical
12 anxiety or pseudo-anxiety. These individuals
13 have/^{an inherent} restlessness. These people you not only can
14 identify. They are different in their tendon
15 reflexes, in their expressions of their muscles,
16 and looking at their tongues etc., from someone
17 else who is better nourished, you can possibly
18 recognize in their examination that they also
19 have a different mental expression. Previous
20 speakers alluded -- Dr. Pearce alluded to two
21 factors on addiction. He said there was a
22 tendency of using drugs for recreational purposes;
23 he also said that there was the other type of
24 addict, in whom pre-addiction problems could be
25 recognized. If this person were studied, he
26 stated, you knew then that there were family
27 conflicts, the person who had conflicts prior
28 to the occurrence of their addiction. This is
29 what I am referring to. This is the person who
30 I think has this mental unrest of maladaption,

1 the mental unrest of chemical anxiety, the
2 mental unrest of chronic deficiency. I have
3 seen about 1,500 or 2,000 chronic asthmatics
4 in the past years. When mothers bringing their
5 two year old children, or seven year old child,
6 their ten year old child, while I am studying
7 the asthmatic child, I am also looking at the
8 mother for expressions of the deficiency state
9 in her. I will positively guarantee you
10 that the disease of asthma which occurs in a
11 two year old child is the ultimate expression of
12 the deficiency which the mother had prior to
13 her pregnancy because of her state of nutrition.

14 Frequently, in my examination of this asthmatic
15 child, asking the mother in reference to the
16 child's constipation, or the child's headaches,
17 or the child's stomach aches, etc. Too frequently
18 enough the mother has to volunteer, these are
19 the complaints I have. You should be looking
20 or talking to me. This I know; this asthma,
21 this child, is an expression of the mother's
22 deficiency state. And so as I went into
23 Okalla Prison fifteen years ago to make my study
24 of addicts at that time, the study was interrupted,
25 and I am always looking forward to the time when
26 I will again make a study of drug addicts. It is
27 my suggestion that the background for the personality
28 make-up, the background for the addict, which I
29 feel is the physical-need addict, the
30 person, young, ten year old, fourteen year old,

1 might have had no other experience in his lifetime
2 but the experience of the mental aberrations
3 produced by deficiency and I state this person
4 can be prepared for the first fix that
5 he takes, and I don't think that you can blame
6 him for repeating the process, because this
7 is the first time that he has felt anything like
8 perhaps the normal mental or physical behaviour
9 state.

10 I think I have spoken
11 sufficiently long. Now to give you some concepts of
12 -- some idea of what my concepts are. I displayed
13 that even though my work is not accepted, there
14 is a terrific bias against the use, a physician
15 who uses vitamins or mineral tablets in a treatment
16 of disease which is proclaimed as being only
17 a psychosomatic or an allergic process, but I
18 wish to inform the Commission here that the results
19 I am getting in asthma, which are suggested in
20 these reports here, are factual. The concept of
21 maladaptation through deficiency; the concept of
22 pseudo-anxiety, or chemical anxiety are contrary
23 to practically every/concept of psychiatry,
24 are factual, and can be backed up by my clinical
25 experience.

26 I thank you very much.

27 THE CHAIRMAN: Thank you
28 very much, doctor.

29 MR. LEHMANN: Dr. Reisch,
30 would you then propose that the theory that many

1 of those people who are taking or using drugs
2 non-medically, that many of those people do so
3 because they are experiencing a deficiency which
4 can be filled in a particular way by using drugs
5 non-medically and that they could be spotted,
6 and the non-medical drug use could be
7 prevented if they were given vitamins?

8 DR. REISCH: I think
9 that the, for instance, the Calgary school
10 population should be re-examined contrary to
11 the concepts of the physical examination, which
12 I think are grossly negligent, in my appreciation,
13 that studies should be done on the school
14 population or any population to verify the
15 instance of these clinical findings which I
16 find in the asthmatic. I certainly think that
17 this study should not only be directed to the
18 drug addict or the user now. I think that
19 ultimately such a study would point to the fact
20 that perhaps there is something in what Reisch
21 tendon says regarding/reflexes in certain sections
22 of our population.

23 MR. STEIN: Doctor, just
24 to be clear on your thesis here, you referred
25 to Vitamin D deficiency, and were you suggesting
26 this particular deficiency?

27 DR. REISCH: Yes.

28 MR. STEIN: Excuse me,
29 you referred to your studies in Vancouver and
30 as a native Vancouverite for the last eight

1 years I concur that there is some possibility
2 of those of us living there having a Vitamin
3 D deficiency. I mean this quite seriously.
4 But here, I gather that the sun shines quite
5 often, if not all the time. And I am wondering
6 if you are seriously proposing that this
7 particular vitamin is the cause of this ---
8

DR. REISCH: Yes, if this
9 is to be considered under currently accepted
10 definitions such as you are led to believe,
11 why then my thesis is lost. I would say that
12 this group has spent in this building this week,
13 and this month, and this winter that people have
14 spent indoors, and possibly exposed their face
15 and their hands to sunshine possibly for a
16 total of twenty hours, since last October. This,
17 in my appreciation, is the background deficiency.

MR. STEIN: Well what
18 about the persons who are living in much different
19 climates, dry climates, like Mexico City?

DR. REISCH: Yes, well,
21 vitamin D, whether it is injected or produced
22 in your skin, has one physiological purpose only,
23 and that is to help your body utilize the minerals
24 in its diets. So people who go to Florida, and
25 go to California, they go down there and get a
26 sun tan and drink orange juice. I mentioned this
27 to illustrate the fact that you get sun tanning
28 on your skin in great weather to help you use
29 your minerals, and I would think that the mineral
30

1 deficiency of our national diet involves about --
2 30% of the mothers who bring asthmatic children to me
3 have been totally deficient of milk for their
4 lifetime. You would be practically amazed at
5 the number of mothers who beget one, two,
6 three and four children, who drink no milk in
7 their lifetime. These mothers who take no better
8 care of their nutrition to this degree of minerals
9 in this diet, I can almost guarantee you that
10 they will show a very high instance of the so-
11 called adaption diseases in their offspring.

12 So the sunshine on your
13 skin only reflects the utilization of minerals
14 in your diet and this deficiency creating
15 muscle spasm and creating /anxiety is a deficiency
16 of the mineral diet.

17 THE CHAIRMAN: Thank you
18 very much for your submission.

19 We call now on Mr. Gibb
20 Clark, Junior Bar Section of the Alberta Division
21 of the Canadian Bar. This is the last scheduled
22 submission today.

23 MR. CLARK: Mr. Chairman,
24 members of the Commission, I am appearing on
25 behalf ^{of} and at the request of the Young Lawyers
26 Conference of the Alberta Division of the Canadian
27 Bar Association. I want to start by expressing
28 the bias I have not against any member of the
29 Board individually but about the structure of
30 the Board. I find myself speaking as many people

1 from the Prairies have spoken before, as a semi-
2 alienated westerner and I ---

3 THE CHAIRMAN: Excuse me,
4 which Board are you referring to?

5 MR. CLARK: This Commission.
6 It is composed of one person from Vancouver, and
7 the remainder of Eastern Canada. I recognize
8 the fact of life that the population balance
9 dictates a situation similar to what the Board
10 is composed of, and certainly don't misconstrue
11 this as any bias.

12 THE CHAIRMAN: I should
13 observe Mr. Clark, that when I was seventeen,
14 and I was just going into first year McGill, I answered
15 the appeal for students to harvest out west and
16 I spent five of the most enjoyable weeks in my
17 life harvesting, about 55 miles south-east of
18 Regina, so a little bit of the west is deep
19 in my soul.

20 MR. CLARK: I am certainly
21 glad to hear that you have had the benefit of
22 this exposure but I start with this sort of
23 semi-alienated western liberal biased level to --
24 if I seem lengthy in points, maybe I feel I have
25 to convince you a little bit more than if one or
26 two or your members were from the region between the
27 Lakehead and the mountains.

28 This brief I can't say
29 is a truly consensual brief that indicates any
30 unanimity of the young practicing lawyers in

1 Alberta because of the imposition of time in
2 the arrival of your Commission. But I believe
3 there is a certain degree of unanimity involved. Now,
4 Brian, who is co-presentator of this brief, is a /
5 Crown Prosecutor for narcotics cases in Calgary, and
6 he and /I corroborated to a great many things. We agree
7 in some, and disagree in others. We don't intend
8 to go into any sociological or medical questions.
9 If we do make any statements on these areas,
10 we admit that these opinions are purely
11 subjective and should be regarded as lay opinions
12 only, and possibly suggestions for areas that
13 require further investigation by people from
14 these disciplines.

15 We intend to restrict
16 the discussions strictly to the legal points
17 involved in the non-medical use of drugs and
18 these opinions furthermore are restricted to
19 being based on our own experiences and observations
20 and also are restricted to the local scene only,
21 and we intend to mean that only.

22 I would like to get a
23 meaningful review of what is -- usefully
24 review the chronology of police investigation
25 of the non-medical use of drugs. I am also
26 limiting this largely to the younger people
27 and I am staying away from the law as it relates
28 and I don't intend to refer to it as it relates to
29 what we call hard drug traffic because Calgary
30 being the sinless city that it is, has been

1 fortunately avoided by the hard drug traffickers
2 to a large extent.

3 I want to discuss, first,
4 the use of the undercover agent, in this case
5 agent provocateur, if you wish. We don't argue
6 with the effectiveness of this type of
7 investigation, but what we wonder about, and
8 this is an area that we suggest should be
9 investigated by people qualified in the area.
10 We would like to know why there is
11 such an apparent acceptance by the Canadian
12 public to this type of investigation in contrast
13 to the almost universal revulsion felt in the
14 United States towards the use of the undercover
15 agents. Why do we seem here so apathetic to this
16 "Big Brother" type of investigation whereas the
17 Americans feel deeply offended by these suggestions
18 ^{sneaky} of these/tactics which are implicit with this
19 police investigation method. Why this, when
20 in so many other ways we are so similar? Another
21 point, and I will put it to you for what it is
22 worth, has there been any investigations done
23 on the psychological effect, and I use the
24 term in a general sense, on/^a young person's
25 personality, who finds himself betrayed by
26 someone who is an apparently trusted friend?
27 I just wonder if this has been investigated
28 and I think it should be looked at to determine
29 whether or not this type of investigation is
30 appropriate for the drug scene. Now as I am

sure you are aware, in the Narcotic Control Act, there is a fiendish device that has been called the Writ of Assistance. This is basically a search warrant, but it differs in that it has been issued in the name of a peace officer, and it has no time, on the time from when it is issued by the Court. In my opinion this is a prime example of legislation being based purely on emotional arguments, problem to be solved. rather on any type of rational assessment of the / I don't suggest that any piece of legislation passed at the present is based on rational arguments, but what I /do suggest is that it is based on the scare tactics from the thirties and earlier times when the word heroin was on everybody's lips.

They felt this was a tremendously terrific menace and so the police had to -- let me interject and state this very clearly that Brian Stevenson does not agree with me on this point and I think it is true that the prosecution point differs from the defense counsel, but they have this very broad power in the Writ of Assistance, and in my submission it is subject to abuse and has been subjected to abuse in the local sense.

I suggest the police should be deprived of this power. It has been described as a "Gestapo Warrant" which may be a little bit strong because there are limitations on it. It is my information presently that

1 there are four R.C.M.P. officers in the city of
2 Calgary who have had these warrants issued to
3 them and I don't know this for a fact, but I
4 have been told they have them sewn to their
5 under garments 24 hours a day, seven days a week.
6 It is my further information that the City of Calgary
7 Police Force,
/on three or four occasions recently requested the
8 assistance of the R.C.M.P. and suggested
9 that they utilize the powers given to the
10 R.C.M.P. to enter a certain dwelling house.
11 It is my further information that the R.C.M.P.
12 refused to co-operate with the City Police
13 because they felt that they did not have^a bona fide
14 case of drugs. They thought they were trying
15 to utilize the powers that the Mounties have to /
enable
16 them to conduct a search for instance, for stolen
17 property or some other things. Of course,
18 the proper method would be to get a search
19 warrant from the Justice of Peace and the feeling
20 was amongst the R.C.M.P. that maybe time
21 was critical, or maybe they thought they did
22 not have sufficient grounds to get a search
23 warrant, but maybe this was not possible.
24 And it is this type of abuse that is possible, that
25 I submit must be eliminated -- the possibility of
26 this type of abuse. Don't get me wrong. I
27 am not accusing the R.C.M.P. of this. As a
28 matter of fact I commend them for the action
29 they took in the incidence I just referred you
30 to. I am not aware personally of any instances

1 of abuse of the Writ of Assistance, but I
2 think the mere possibility of abuse and the
3 instances I have cited where the local City
4 of Calgary Police Force has attempted in my
5 opinion to abuse these powers in itself provides
6 sufficient justification for the elimination
7 of this weapon.

8 Probably I think the
9 simplest way to put it is to ask wherein lies
10 the difference between drug offences and other
11 types of criminal offences to justify the
12 existence of such an extraordinary realm?
13 Why should those expected of drug involvement
14 be deprived of safeguards, which are granted
15 as a matter of right, to those charged with
16 the commission of virtually any other criminal
17 offence?

18 Now, there is one other
19 wrong impression that apparently exists in the
20 minds of many people that I would like to set
21 straight. And it is the opinion of the local
22 R.C.M.P., and with this opinion I concur that
23 the Writ of Assistance as such gives them no
24 more powers than are given to any police
25 officer acting under an ordinary search warrant.

26 They still must have
27 reasonable and probable grounds to believe
28 the existence of ^{an} illicit substance or that
29 drugs are being used in the premises before
30 they can enter them. But the only difference

1 in fact, is the police constable or officer
2 who has the Writ of Assistance becomes the
3 Judge and decides in his own mind whether
4 or not sufficient grounds do exist, and we
5 have a very distinct blurring of function of
6 Judge and Police investigative procedure.

7 Now I wish to discuss
8 briefly the bail procedures that now exist.
9 I appreciate the fact that the problem,
10 strictly speaking, goes beyond the Commission
11 in terms of reference, and I am also aware
12 of the fact that the study of the whole question
13 of bail of accused persons, is currently under re-
14 view in the Department of Justice. But I do
15 wish to make a few general comments because
16 I think it is so heavily inter-related to the
17 drug scene that ^{it} is appropriate. It is our
18 opinion, and I believe Mr. Stevenson concurs
19 with this opinion, that in the contrary way
20 to the present situation, that the onus should
21 be placed on the Crown to establish the need
22 for bail. It should be up to the Crown to
23 say, "Come up with facts to establish the
24 possibility of a person's failure to return
25 for his trial." I don't think the onus should
26 be on the accused.

27 There is, in quotation
28 marks, a "presumption of innocence", which
29 believe it or not still exists, and this is
30 by no means an original thought, or anything

1 of this nature. It is a widely held view among the
2 legal profession that the presumption of
3 innocence is effectively regaled by having the
4 accused person put in the position where he
5 has to establish to the satisfaction of the
6 Judge that he will, in fact, come back for trial.

7 Now it is the role of
8 the police if a person does skip to track him
9 down, and I think it should be left in the hands
10 of the police to control this rather than in the
11 hands of the Judge to imposing bail.

12 Now, another reason why
13 bail procedure should be altered, the amount of
14 bail that is set, may in effect act as a punish-
15 ment in itself. Obviously when the bail is set
16 at such an amount that a person of low means
17 cannot raise these funds he stays in jail.
18 And if he happens to be charged with an indictible
19 offence, this can mean substantial delays before
20 going to trial, and, in a practical sense, also,
21 it can work a very distinct disadvantage to a
22 person from the defense viewpoint. Possibly,
23 as sometimes happens, there is a witness you
24 would like to get but you can't find, and you
25 don't whether his defense, whether or not even
26 if you do find him, he is going to be much good.
27 So what do you do? You wait three months while
28 your client sits in jail in the vain hope that
29 you can locate the person and then find out
30 his evidence is of no use to you? This is

1 another factor in the defense of a case where
2 the bail system is certainly inadequate, and
3 inequitable at the present time.

4 Now there is one other
5 comment, which again, strictly speaking, is
6 beyond the bounds of the Commission, and this
7 is made on my own behalf without the concurrence
8 of Mr. Stevenson.

9 The identification of The
10 Criminal Act in Canada gives the police power
11 to compel a person to give fingerprints and
12 photographed if he is charged with an indictable
13 offense. It does not give the police the power
14 to compel a person to submit to fingerprinting
15 and photographing if he is charged with a
16 summary conviction offense. But the practice
17 is to be the charge summary or indictable the
18 practice is to photograph and fingerprint
19 people.

20 Now the remedy if you
21 are unlawfully forced to submit to fingerprinting,
22 is, of course, a civil action for assault. But
23 the remedy is barred effectively because we
24 have so many, and specifically the possession of
25 narcotic substances^a/section which provides for
26 an indictable or summary conviction offense.
27 Therefore, the defence to any civil action brought
28 for assault which is not a viable alternative
29 in the situation. At the best of times, the defence
30 is simply left ^{open and,} therefore, you are not liable

1 for damages for assault by having ^{forced} you to submit
2 to fingerprints. As a result of this,
3 records exist, I suggest, when they shouldn't,
4 because even though you are acquitted -- even
5 if you are acquitted of a summary conviction,
6 and even though the Courts do have the power
7 to order the destruction of your fingerprints
8 and photographs, that practice is not, as a rule,
9 followed here.

10 Now I appreciate the onus
11 is on the defense to make this application,
12 but as a matter of practice it is not followed.
13 I suggest it should be in the event of an acquittal.
14 But in any event, I suggest, that without approval
15 by the law, and without disapproval by the law,
16 people are being forced, or people are normally
17 subjected to fingerprinting and photographing,
18 when it is not necessary for them to be subjected
19 to this.

20 With regard to trial
21 procedure, and this gets back more within the
22 bounds of the Commission, I would just comment
23 briefly with regard to the procedure followed
24 at the trial on charges of possession for the
25 purposes of trafficking. And I am repeating
26 an oft heard criticism of Section 8 of the Narcotic
27 Control Act which places the onus on a person
28 to establish his innocence rather than permitting
29 him the usual presumption of innocence. It
30 is my opinion and Mr. Stevenson's opinion that

1 this section should be amended to reflect the
2 usual philosophy and put the onus on the Crown
3 to establish this -- to establish that he did have
4 that / purpose of trafficking and not the other
5 way around.

6 Again, I could ask the
7 same question that I asked with regard to the
8 Writ of Assistance: why the enforcement of
9 laws should be/against drugs, should be granted
10 the privilege of such extraordinary power that
11 do not exist in the general criminal law area?

12 With regard to sentencing
13 of drug offenders, and again I am speaking of the
14 youthful offenders, it is our opinion that Courts
15 are not making sufficient use at the present
16 time of the powers they already do possess to
17 impose probationary terms. Now, I am not in
18 a position, I am sorry, to cite to you statistics
19 indicating the recidivist percentages of people
20 who have served, say, six months in jail, but
21 I think we can take it as established that
22 this percentage is quite high.

23 Now it is our information,
24 most of the people who were arrested in Calgary
25 in the summer of 1969 on this massive raid,
26 most of them were sentenced to two years less
27 one day. It is our information that, in fact,
28 these people were serving six months in jail
29 before being released on parole, roughly.

30 Now it is our opinion that

1 they should not spend even this much time in
2 custody for the following reasons: the self
3 evident possibility of recidivism, the fact
4 that two institutions with which we are familiar,
5 that is to say, Spy Hill and the Bowden Institute,
6 have absolutely no, and I say absolutely no
7 rehabilitative programs directed specifically
8 to youthful drug offenders.

9 Therefore, in Spy Hill,
10 we have young first offenders thrown into a
11 jail environment, subjected to the usual contact
12 with the older criminal element, and, at Bowden,
13 the education is restricted to high school --
14 junior high, senior high courses. This, in our
15 mind, is a gross failure on the part of the
16 Provincial Government to live up^{to}/the responsibilities
17 that it does have in this area.

18 There is one thing that
19 I would like to commend, though, and that is
20 the day parole system which has just started
21 development at Spy Hill Jail. It permits inmates
22 to leave the jail in the morning, retain
23 employment and return to the jail in the evening.
24 It is our understanding that at the present time
25 five of the day parolees, there are a total of
26 eight, five of these day parolees are people
27 who are serving -- are youthful drug offenders
28 serving sentences for drug convictions. We
29 feel that this is an excellent thing, should be
30 encouraged and continued and if you are going

1 to leave people in jail, you should do something
2 with them. But, basically, we strongly advocate
3 greater use of suspended sentences. This would
4 apply even to the case of first offenders on
5 simple conviction for possession, alone, of mari-
6 juana. At the present time, in Calgary, this, as
7 a rule, draws a fine of \$500.00. Now, the system
8 of fines, in itself, is extremely inequitable
9 because we find people are being punished because
10 they have no money. Therefore, they serve time
11 in jail. We suggest an alternative to fines
12 and that is probation.

13 Any deterrent aspect of a
14 fine quite often deters the parents of the child --
15 offender, more than it deters the actual offender.

16 So, why not put them all
17 on probation? But, before we can do that, we have
18 to have substantial improvements and local
19 probation services. The parole people are over-
20 worked. To put it in a simplicity fashion,
21 let's take the money we save by not housing
22 these people in jails, and use it for improved
23 probation services. It is a simple equation,
24 and, I think, far too simple to be valid, really;
25 but more money into probation and better trained
26 probation officers to make the profession more
27 attractive.

29 I realize this is a long
30 term thing, but we don't think the imposition of

jail terms serves as a deterrent. We think it has the effect of making martyrs out of the people who are generally far from being worthy of this status, and this is evidenced, in our mind, by the simple fact that invariably when a younger person is facing trial on a drug charge, the court room is full of his young associates, who, by their attitude and comments, indicate, to us at least, that they have made a martyr of the person who is being punished. I have seen a number of people here, today, that I have seen in court rooms watching acquaintances, I assume, or friends, facing trial on a drug charge, and I think a quick look at the statistics of the history of the growth of the drug traffic locally indicates the ineffectiveness of a jail sentence as a deterrent.

MR. STEIN: What is the inference that you are drawing from the fact that there are people here? I am not quite sure I understand you.

MR. CLARK: Well, I don't mean anything sinister. I just say that people who are interested in the drug scene here, I have seen in court rooms watching the drug trials. I am not implying anything untoward in any way.

Now, we go further than this and we say, even if it is a second offence, give him probation, and maybe on the third offence, and the probation will be effective

1 if it is strictly enforced. This is where
2 greater
3 we need / investment of funds in the probation
4 branch to provide the effect of
5 probation control. Even on more subsequent
6 offences, we would suggest in no case should a
7 jail term in /^{excess} of three months actual time in
8 jail be imposed. The exposure to the jail
9 system, as a general rule, I think, and this
10 is a valid statement to make, as a general rule,
11 I don't think exposure to the jail less than
12 three months, will do irreparable damage, but
13 it will make the person aware of what he has
14 to face if he continues on his path. I
15 think it will serve the same deterrent aspect
16 that is currently served. I think it will
17 serve more effectively than is currently served
18 by the excessive terms of imprisonment that
are now imposed.

19 Now as to the simple
20 question, and it is a simple question, of course,
21 the answer is, as to whether or not marijuana
22 should be legalized at the present time:

23 Mr. Stevenson and I
24 agree that legalization would be premature,
25 because of what is in our opinion, a gross
26 failure of the medical profession to perform
27 its duty in terms of research, and also a
28 gross failure of the government to permit and
29 encourage this type of research, which, I think,
30 is now coming around to the point where

1 investigation is being encouraged. This
2 Commission certainly is evidence of that in
3 itself. But we feel the present knowledge
4 is inconclusive, and, on this basis alone, it is
5 our opinion that another intoxicating agent
6 should not be legalized until such time as we
7 have more conclusive information. I may be
8 venturing a sociological opinion. If I am,
9 it is subject to sociological interpretation.
10 But I don't really feel that the two of us
11 are representative of the younger lawyers --
12 in Calgary, at least.

13 From my discussion I
14 would suggest that approximately 50% are in
15 favour of legalization of marijuana, and I
16 think that the younger members
17 than that but I am sorry I don't have them.

18 Now just one other point
19 which goes back to the sentencing. I think
20 the legal profession generally is open to as
21 severe a criticism as the medical profession
22 in the absence of penal reform; and I know I
23 am speaking very generally, but I think it is
24 the legal profession's fault, largely, that we
25 haven't had penal reforms to permit the kind
26 of sentencing to become common, that I am
27 suggesting should be used for youthful
28 offenders.

29 In summary, no exceptionally
30 detailed recommendations, but generally I suggest,

1 and I think with considerable degree of
2 concurrence from the legal profession, but
3 not concurrence from Mr. Stevenson, that the
4 Writ of Assistance be eliminated. And with the
5 concurrence of Mr. Stevenson, we suggest that
6 Section 8 of the Act be changed to eliminate
7 the onus on the defendant; we suggest a reduction
8 on bail, and a change in procedure and onus;
9 we suggest greater use of probation instead of
10 jail and we suggest more research into the
11 effects of marijuana on the user.

12 THE CHAIRMAN: Thank you.

13 Mr. Clark, in your
14 statements with respect to sentencing on pages
15 8, following your submission, do you make
16 any distinction between kinds of offence, between
17 simple possession and trafficking? It isn't
18 clear whether you are -- your observations would
19 apply equally to trafficking.

20 MR. CLARK: Largely for
21 trafficking. The problem in Calgary hasn't
22 become-largely for first offence, on simple
23 possession of marijuana, a \$500.00 fine is
24 the standard. I am thinking specifically more
25 of trafficking than possession, but I also say,
26 don't fine these people, put them on probation
27 as well. Certainly that is the worst punishment.
28 If the person is in a position to pay \$500.00,
29 he would rather pay it than face a year's
30 probation.

THE CHAIRMAN: I guess what really prompted my question was the statement at the bottom of page 9, "It is our opinion that on a second or subsequent offence, again dealing with youthful offenders, the term of imprisonment should not exceed an actual time in jail of three months." What offences are you referring to?

MR. CLARK: I am referring to trafficking in that incident, yes.

THE CHAIRMAN: So that your recommendation is a prison sentence should never exceed three months for trafficking of young offenders. Is that what you are saying?

MR. CLARK: Well I don't want to say "never". I am certainly willing to recognize if the person who is picked up, is, to use a police phrase, "A ring leader"; if this can be established to the satisfaction of the Court, then certainly they should probably impose a greater term in dealing with soft drugs. But I am thinking more in the context of what occurred last summer and it is my personal opinion that the majority of the people picked up, convicted of trafficking, were the - can you call them the "missionary traffickers", to coin a phrase? They enjoy it; they want to get their friends high as well and that passed on in this fashion.

I don't think there was
really that many of them that were that strongly

1 profit motivated, and this is the context
2 by which I say that.

3 DR. LEHMANN: You mean .
4 eliminate the minimum sentence and leave the
5 maximum for trafficking?

6 THE CHAIRMAN: Not for
7 trafficking.

8 MR. CLARK: Just off the
9 top, I would say eliminate the minimum for
10 importation too.

11 DR. LEHMANN: Would you
12 distinguish between importation and trafficking?

13 MR. CLARK: I don't
14 think so, no. Call it McLuhan's Global Village
15 Concept.

16 MR. STEIN: You mentioned
17 your concern about the act of rehabilitative
18 programs in the prisons for drug offenders, and
19 assuming--correct me if I am wrong--that you
20 may have been here for part of the day's
21 hearing, is that correct?

22 MR. CLARK: I have heard
23 parts of it.

24 MR. STEIN: We were told
25 again today, and it has been stated to us in
26 practically every part of the Country, that one
27 of the difficulties facing people working in
28 the probation departments is that they have
29 individuals who are coming to them having gone
30 through the Courts, having been found guilty under

the present law, who in the estimation, not only of the user but in the estimation sometimes of the probation officer, who are the persons responsible for supervising the probation, there is a difficulty in knowing exactly what the individual is to be rehabilitated for. What is the nature of the need for rehabilitation? And I am expanding on this at some length, but my question is, is it your belief, that a criminal sanction is a necessary requirement for our society at this time against persons who are users? You clearly indicate that, in this brief. I just want to make sure that is ---

MR. CLARK: As far as --
I think where this breaks down is, how do you
define a simple user?

MR. STEIN: The law is fairly clear on that.

MR. CLARK: The law is fairly clear on it, yes.

MR. STEIN. All right.

MR. CLARK: I am not quite sure I know how to answer you. As far as simple possession, I personally, I don't see the necessity of a criminal sanction on a simple possession basis.

MR. STEIN: How do you define simple possession? I take it you mean something besides legal -- you mean a legal word?

MR. CLARK: In the simple possession sense. I doubt if even criminal sanction are needed for that.

MR. STEIN: Are you talking specifically about marijuana or in relation to possession of any drug?

MR. CLARK: I think personally I am speaking about marijuana. I have a lot more things about the other drugs. I think the criminal sanction should remain for the hallucinogens, LSD.

THE CHAIRMAN: For simple possession?

MR. CLARK. Yes.

THE CHAIRMAN: Your

It is not a question of the law; it is a question of harm?

MR. CLARK: Here, I am
getting into a medical opinion/in which I am not
qualified in any way. But my opinion of the
potential harm of marijuana -- or LSD, is
shared by a lot of lay people, I don't trust
LSD, and I am scared of it, and a lot of the
other soft drugs and amphetamines, etc.

THE CHAIRMAN: I was going
to say, you recommend against legalization
on the basis of an assumption, if I am not
mistaken as to -- well, it is based on what
you say is a lack of knowledge rather than an

1 assumption as to harm.

2 MR. CLARK: That is right,
3 yes, with regard to marijuana.

4 THE CHAIRMAN: And yet
5 you would be in favour of the abolition of
6 the penalty of simple possession?

7 MR. CLARK: Yes.

8 THE CHAIRMAN: You would
9 remove the prohibition of simple possession
10 against marijuana, and that is based on what--
11 an assumption of harm? How can you have an
12 assumption of harm in the absence of knowledge?

13 MR. CLARK: This is
14 where I admit I am making a judgment based
15 on a simple lay opinion, and I am not qualified
16 in the area as to make assumptions to harm or
17 anything. I make the assumption only that we
18 don't know enough about marijuana.

19 MR. STEIN: But implicit
20 in that, if I hear you correctly, is it that when
21 a substance can be demonstrated to have harmful
22 properties, or have a harmful effect, that it is an
23 appropriate social response, or a societal
24 response to use criminal sanction as a way of
25 dealing with that?

26 MR. CLARK: Yes.

27 MR. STEIN: Against
28 simple possession. I mean to expand again on
29 this very briefly? We have quite a bit of
30 evidence put before us regarding the difficulties,

1 in dealing with users of heroin via a legal and
2 criminal sanction, and in prisons for example --
3 and this is a very contentious issue, not only
4 in this country but across the world, as to how
5 one can best assist people to cope with that
6 kind of experience, that is, using heroin.

7 Now I am just trying to be
8 clear here as to your view as to the usefulness
9 of a possession law whether it be marijuana
10 or another drug. I gather that you see it as being
11 useful in deterring, and perhaps, potentially
12 rehabilitating someone?

13 MR. CLARK: In those two
14 regards, and I have a thought occurred to me, that
15 prohibition in the United States did not make
16 any possession of liquor illegal, a crime per se,
17 and yet look at the, I submit, the laughing at
18 the law, that prohibition caused, and the flouting
19 of the law by people who are not otherwise
20 criminals. I wonder if the same situation,
21 if we remove the sanctions against possession
22 entirely, but punish the traffickers, I wonder
23 if the same situation might not arise.

24 DR. LEHMANN: So far we
25 have no indication that this might happen, but
26 suppose it would happen, that in a year or so
27 it becomes evident that marijuana or hashish
28 could be quite harmful in very definitely
29 experimentally produced areas. Then would you
30 propose to change the law again, or have possession

1 charges for heroin or LSD, even if the use
2 remains as widespread as it is now?

3 MR. CLARK: I don't know.

4 I think you would have to convince me that it
5 was a pretty dangerous drug, more dangerously
6 than I think it presently is.

7 DR. LEHMANN: If it
8 were to be shown as dangerous as LSD, for instance?

9 MR. CLARK: I think the
10 present laws are enough to control it, the present
11 penalty.

12 DR. LEHMANN: No, no, but
13 if the possession charge would be withdrawn,
14 then it might be in a year or so shown it is
15 dangerous. Would you then change the law
16 again and put it on the same basis as LSD?

17 MR. CLARK: I think we
18 would have to. But if we went for a year without
19 a possession law you would have a difficult
20 time imposing the law.

21 MR. STEIN: Could I ask one
22 other question? The statement has been made me
23 a number of times by young people, that fire
24 arms are potentially hazardous, and they can kill
25 people, that we have laws that regulate the use
26 of them, and not always completely satisfactorily.
27 I.e., hunting accidents and so forth, caused, and
28 similarly one could go on; skiers with
29 their skis, could break legs. Do you see this
30 as a person trying to interpret the law. Obviously

1 they are arguing an analogy. Therefore marijuana
2 or any other drug may be harmful in certain
3 dosages, but all it should be -- the legal sanction
4 should only concern itself with those situations
5 where people are in fact causing third party
6 harm. You know, where they are involved in being
7 a danger to others. What is your view as to
8 the validity of that kind of argument, as a person
9 in the legal profession?

10 MR. CLARK: I don't think
11 I can answer that in legal terms as such, but
12 by asking a sociological question, do we want
13 to release for public distribution another
14 intoxicating agent?

15 MR. STEIN: The argument
16 runs like this: it is released now with no
17 controls, it is available to almost anyone --
18 I am just saying what we have been told. Again
19 we have been told this today, it is available
20 in any high school, in any university, on the
21 street, and we have absolutely no control over
22 it. You know, we are not releasing it. This is
23 the way that it is put. Do you feel it would
24 be an introduction, in effect, of something that
25 is not in your community now?

26 MR. CLARK: Oh yes, it is
27 now in my community. You know, in a microcosmic
28 definition, it is in my community in the larger
29 sense, definitely.

30 THE CHAIRMAN: When you

1 say it is in your community are you suggesting
2 your community is deterred by the law?

3 MR. CLARK: Yes, very
4 definitely, very definitely, that is why it is
5 not in my community. But if it was legalized,
6 you can bet that I would be one of the
7 first right there, because I am curious. But
8 I am also a coward, so until it is legalized,
9 I will be remaining clear of it.

10 THE CHAIRMAN: Are there
11 any questions or observations of Mr. Clark?

12 THE PUBLIC: I would like
13 to introduce another aspect to this problem.
14 I think it has been made fairly clear in the
15 United States that marijuana legislation in many
16 instances is being used in methods of political
17 control. There are certain individuals in the
18 United States who represent a so-called sub-culture
19 who essentially oppose basic values and structures
20 that the United States represents. And one of the
21 most convenient ways, aside from the unconstitutional
22 conspiracy laws that the United States had, putting
23 these people in jail, and controlling these people,
24 is through marijuana legislation. This is a
25 danger that is already occurring in the United
26 States and seeing Canada is very, very similar
27 in many respects, sociologically, to the United
28 States, I suggest to you that any further delay
29 in marijuana legislation, and by that I mean
30 the legalization of marijuana leaves open the

1 possibility of the event of political polarization
2 in our Country which is very possible at the
3 present time. I suggest to you, that
4 marijuana legislation could possibly be used
5 for political life style supression in Canada
6 because we are heavily influenced by the United
7 States. This is all I really have to say. I
8 would like you gentlemen, and the fellow at the
9 mike, to please possibly comment on this, or
10 if you have any questions --

11 MR. CLARK: I am going
12 to sound very pro-establishment when I say this,
13 but I am very sincere when I say I have seen
14 nothing, and I mean absolutely nothing, to
15 indicate the possibility of that happening,
16 in Calgary at least. I am very sincere about
17 it, and I am very sensitive about it, because
18 I am in agreement with you when you refer to
19 the conspiracy laws of the United States, and
20 also with the, call it, political suppression
21 by Marijuana Laws. I do very honestly
22 believe that is happening in the States, and I
23 don't pretend to bring any great qualifications
24 as a political scientist to that opinion, but
25 I have seen no indication of it here, in any
26 area of the law. Thank God. And I hope I don't
27 see it.

28 THE CHAIRMAN: Gentleman
29 at the microphone?

THE PUBLIC: I would like

1 to rebut that statement very strongly. I think
2 if one takes a look at the people that were
3 arrested last summer, and the people that have
4 been arrested since, and previously in this
5 city and in Edmonton, one will find that they
6 are not the leaders of the community. They are
7 the young kids, most of them, with long hair.
8 And being a leader or being a member of a
9 professional group, I think you will be willing
10 to admit that there are many members within
11 your profession who use it, within the medical
12 profession, many of the top business leaders.
13 Why are they not ever arrested? Well, it is
14 quite simple. Many of them have the privacy of
15 their individual homes; many of them are able
16 to get it due to their financial positions in
17 such a manner that it will not come to the
18 attention of the authorities. So I would
19 question -- I would like to support this
20 gentleman's statement in that there are a certain
21 group of people who are being arrested and
22 subjected to the anti-marijuana laws that are
23 now in existence.

24 MR. CLARK: Well, certainly
25 the so-called hippy attire will attract the
26 attention of the R.C.M.P. simply because this
27 is where they have found drugs. Now I am not
28 denying your statement that there are people
29 in the professions that use marijuana. I am not
30 denying it at all. I am just saying maybe we are

1 a little smarter about it in not attracting
2 attention to ourselves.

3 MR. STEIN: Are you saying
4 that maybe they are a little smarter about it?
5 I think the comments that were made, it was
6 suggested that the use of law enforcement for
7 those groups which were more visible, or the
8 point made about the protection in the privacy
9 of homes and so forth, may have little to do
10 with intelligence -- I am just trying to interpret
11 here; I don't want to speak for you, but I got
12 the impression, the point, where it hasn't got
13 so much to do with how smart you are, it has to
14 do with if you have a private home and enough
15 money to remain immune.

16 THE PUBLIC: Call it
17 economic barricade.

18 MR. STEIN: Would you
19 agree with that point?

20 MR. CLARK: Sure.
21 The hippies get hassled for this very reason.

THE PUBLIC: It is not
so much defining the subculture as being
hippies. It is defining the subculture in terms
of ideas and life style, not long
hair necessarily. This isn't necessarily a manifesta-
tion.
It happens that there are certain people in society
using marijuana, and they are the so-called establishment
and utilize what I call economic barricades and
they are untouchable, primarily. It would seem to

1 me that in society, if I could paraphrase
2 Leo Tolstoy , and it is just a paraphrase,
3 he said something to the effect that a society
4 is as rigid as the laws that govern that society.
5 I suggest that in a kind of marijuana legislation
6 that outlaws marijuana and puts it in the position
7 where it is against the law and where it does
8 create a deviant group in the sense of legal
9 definition, I suggest that this is oppression
10 and that I strongly support the legalization of
11 marijuana.

12 It seems to me that society--
13 that I have heard expressed today, this concern
14 about the releasing, and I use that word
15 sarcastically, I am sorry, releasing another
16 intoxicant on our masses.

17 Now I might say that the
18 majority of opinion regarding the subculture
19 is expressed very adequately by the average man
20 on the street. I believe that this attitude
21 should be -- could be possibly changed because
22 this attitude is very rigid. Like those "damn
23 hippies" and etc., etc., etc., and they should
24 be thrown in jail etc., etc., and they use the
25 idea, they use this thing called drugs, you know,
26 LSD, marijuana. These people are a danger to our
27 society etc., they are creating a political
28 situation; they are creating a situation ripe
29 for political oppression, in the event of
30 society becoming more rigid as the possibility

is very, very relevant today. I don't know whether I am expressing myself clearly.

3 THE CHAIRMAN: Thank you.

6 Thank you very much,

7 Mr. Clark.

8 Excuse me.

9 THE PUBLIC: On the
10 effects of alcohol, I was told that until a
11 person is about the age of twenty-five years old
12 the nervous system and his brain are not fully
13 developed and the use of alcohol any time before
14 this impairs the development of the nervous
15 system and the brain. Could you tell me if this
16 is true?

DR. LEHMANN: To my knowledge there is very little hard evidence on this. The brain is fully developed, I think, quite a few years before the age of twenty-five, probably around sixteen or eighteen. But whether or not during the developmental period, the use of intoxicants impairs or hindersthe brain in any way is not definitely established. But it is possible to assume this: that any drug that interferes with the function of the central nervous system during the developmental period, which is up to at least sixteen years of age, it is plausible on the basis of our present knowledge to assume that this will have an impairing effect

on the development.

THE PUBLIC: Speaking

again on the legalization of marijuana, I firmly believe that organized crime is making a large profit on the sale of illicit drugs, and not only are they making a large profit but they are pressuring the establishment to keep the existing laws as they are, so they can continue to make a profit. I think in the State of Oklahoma prohibition still exists, and they are right in there with all the church women's groups pressuring them to keep prohibition so they can sell illicit booze and that is the same thing that I feel is existing here. And we really aren't realizing that.

MR. CLARK: My information specifically with marijuana is that there is very little underworld involvement in an organized sense, because of the obvious bulk of the product and the relatively low price. If you listen to the R.C.M.P. they will certainly tell you, and I think you can confirm this, gentlemen, that there is a great danger of this happening. I believe that they said this to you.

THE PUBLIC: If I may make a comment regarding hard drug usage, heroin usage etc., I am not specifically qualified in this area, I have never come in contact with these drugs, and I have only come in contact with a few individuals, but it would seem to me that for the

1 purposes of research into areas as critical as
2 hard drug usage, that extremely strict and
3 oppressive laws interfere with clear, independent,
4 intelligent research into these areas because
5 this research would not just involve the medical
6 research, the strict laboratory research, but
7 it would involve the sociological aspects or the
8 psychological aspects of the individual heroin
9 users in society. Like in larger centres,
10 specifically New York, this is one of today's
11 most drastic examples, such as the use of hard
12 drugs between the ages of ten and fourteen in
13 high schools. It would seem to me that independent
14 research, which would have the freedom from the
15 law, the freedom from the extremely brutal
16 tactics which are used in enforcement in the
17 areas of hard drugs, that we could come to feasible
18 conclusions about these drugs. For example,
19 in England, I think England serves as a very
20 excellent example of a very efficient way of
21 dealing with the hard drug problem through the
22 registering of heroin addicts.

23 Now, I feel that some of
24 the problems which would be revealed, of the
25 manifestation -- like I feel that hard drug
26 usage is a manifestation. It is an effect, not
27 a cause. It is an effect of environment; it is
28 an environmental effect particularly in those
29 environments where you have the usage of ten
30 to fourteen years old, that is a ghetto environment

1 etc. I feel that it would be in the -- I feel
2 it would be to the advantage of the structure
3 of society that we possibly develop legislation
4 which would control the oppressive tactics
5 involved that would enable us to come to grips
6 with those who have been problems in society
7 such as our large cities. Our environment is
8 so detrimental to the upbringing of our children,
9 and to the living in city environments. So I
10 do strongly feel, that when you talk about
11 legalization of marijuana you should also
12 seriously consider changing of legislation
13 regarding hard drugs to enable proper research,
14 and new approaches to the controlling of this
15 problem because the legislation is not working.
16 It is not controlling these areas at all,
17 so I feel we have to approach it from a different
18 way, legally, anyway.

19 Thank you.

20 THE CHAIRMAN: Thank you.

21 THE PUBLIC: I would like
22 to suggest to the gentleman at the front desk here,
23 if I may, that a number of us have spent considerable
24 time in the last thirty minutes or so, to defending
25 law breakers. I am not debating whether it
26 should be changed or not. At the moment as the
27 law exists, a number of us are law breakers and
28 the gentleman at the front desk with his very,
29 very good presentation, it seemed to me at least,
30 that most of it was devoted, or all of it was

1 devoted to defending the law breaker.

2 I would like to ask him
3 if he were in my position, if he were the
4 father of a sixteen year old drug addict--some
5 of us define drug addiction in different ways,
6 incidently. Some of us call it drug abuse, drug
7 abusers, those who misuse drugs. My sixteen
8 year old son is a drug addict. I call him an
9 addict not because I am bitter, but because
10 that is the way I was brought up. My father
11 told me that if anyone had to depend on something,
12 alcohol, he was an alcoholic. If he depended
13 on drugs, he was a drug addict.

14 My boy started on marijuana.
15 He is sixteen, as I mentioned, sixteen and a half.
16 He started at the age of fourteen, and happily
17 he is coming along a little better now; but
18 I ask the gentleman at the front desk: if he
19 went to bed at night with a schizophrenic person-
20 ality in a bedroom near him, evidently this
21 personality caused by his drug addiction, and if
22 he were me or if he was my second oldest son, or
23 my third oldest son, I wondered just exactly
24 how he would have presented his submission this
25 afternoon if it had been in the same light --
26 if he had gone to bed at night with an elaborate
27 alarm system, home-made set up, just in case
28 that individual should become violent, which he
29 did, on a number of occasions and possibly wipe
30 out the whole family? I know I am speaking

1 emotionally because I am a father who has the
2 problem. In closing I would like to suggest
3 that I am old fashioned enough, and this is in
4 regards to defending people who break laws,
5 including my son, I am old fashioned enough
6 that I think back to what my father used to tell
7 me: "If you don't like the meals in the Drumheller
8 Penitentiary, don't go." And you can make that
9 choice by not breaking the law. Changing the
10 law is an entirely different thing. I am not
11 debating that. But as it exists, if you are
12 breaking the laws, suggests that you are asking
13 for trouble, and the gentleman has suggested
14 many ways to defend the law breakers, what has
15 he for those who don't break the law?

16 MR. STEIN: Would you care
17 to -- as a father who tells us about his son,
18 and the appropriateness of this law maybe
19 another matter -- but what is your view as to
20 whether this has aided in any way in dealing
21 with the phenomena in your particular situation?
22 Is it your feeling that the laws have been
23 consistent, or -- would you care to speak to
24 that at all?

25 THE PUBLIC: I would say
26 that the law as it stands has been of absolutely
27 no assistance but, again, forgive me, I am speaking
28 as an emotional father. I can't back this up
29 at the moment because it was heard on a radio
30 broadcast about a month ago. I heard it in late

1 would go out and do what they intend to do
2 anyway, and maybe my boy is one of them. I
3 would have a hunch that if I were a teenager
4 today I would be the same way because I might
5 fit that same place. I might go on just for
6 a second more; when I was a teenager, as I
7 said I was a bit of a rebel, and ^afew mothers
8 in the neighbourhood didn't want their kids to
9 play with me or my brother, and I wondered why
10 I didn't get on to drugs. I think the reason
11 is because they weren't available, and I think
12 the reason they weren't available was because
13 the penalties back then were carried out a
14 little more strongly then they are by our Courts
15 today.

16 Possibly what we need is
17 some more backbone in the people that carry out
18 these sentences. If we are serious, if we
19 believe as I think we do, that we have a problem.
20 And, if we believe that, if we want to get rid
21 of this problem in our society then I think
22 we must take drastic steps and make people
23 understand that this is the penalty for doing
24 this in our society, and then carry it out.

25 MR. CLARK: If I may just
26 comment briefly, you indicated that the leaning
27 of my talk was more for the defense than the
28 prosecution side, I think it might be summed up
29 very briefly in that what I am basically
30 advocating and what I feel nearly unanimous

1 support from members of the legal profession, is
2 the law as it presently stands does not provide
3 the same safeguards to people suspected of drug
4 use than it provides to people charged with any
5 other criminal offence. And basically what I am
6 saying is that people charged with drug offences
7 should be given some different sentence than
8 what we now have.

9 THE PUBLIC: I am sorry,
10 I missed that, I came in late and that is a good
11 point.

12 THE CHAIRMAN: Well
13 thank you very much Mr. Clark for your assistance
14 today, and on behalf of the Commission I should
15 like to thank everyone present for the reception
16 we received in Calgary, and for the help we have
17 had. It has been a very helpful day for us, and
18 very informative. Thank you.

19 Tommorow we go to
20 Edmonton.

21 I will now adjourn this
22 meeting.

23 --- Upon adjourning at 6:00 p.m.
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30

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COMMISSION OF INVESTIGATION
INTO THE
NON-NETURALISATION OF OZONE

COMMISSION D'INVESTIGATION
SUR LA POLLUTION DE L'ATMOSPHÈRE
A DES FINS DE PROTECTION

April 16, 1970
McGraw Hall
University of Alberta
CALGARY, ALBERTA

1 COMMISSION OF INQUIRY
2 INTO THE
3 NON-MEDICAL USE OF DRUGS

4 COMMISSION D'ENQUETE
5 SUR L'USAGE DES DROGUES
6 A DES FINS NON MEDICALES

7 BEFORE:

8 Gerald LeDain, Chairman,
9 J. Peter Stein, Member,
10 H.E. Lehmann, M.D., Member,
11 James J. Moore, Executive Secretary,

12 RESEARCH:

13 Dr. Charles Farmilo.

14 SECRETARY TO THE CHAIRMAN:

15 Vivian Luscombe.

16 April 10, 1970,
17 McEwan Hall,
18 University of Alberta,
19 CALGARY, Alberta.
20

1 colleagues here today. I should say, first of all,
2 regrettably two of our colleagues, Dean Ian Campbell
3 and Professor Marie-Andree Bertrand were unable to
4 come because of emergencies detaining them in Montreal,
5 and I much regret that they cannot be here today.

6 On my right, is Dr. Heinz Lehmann
7 from Montreal; my name is Gerald LeDain; on my left
8 is Mr. James Moore, the Executive Secretary of the
9 Commission; and on Mr. Moore's left, Mr. Peter Stein,
10 Commissioner from Vancouver.

11 So I think you have a sufficient
12 general idea of our terms of reference, but I would
13 just like to list them very briefly.

14 We are asked to get into the extent
15 of patterns of non-medical drug use in Canada, the
16 effects of the drugs, and the motivation and the
17 related social factors. And indeed, our terms of
18 reference, on this last point, invite us, really, to
19 inquire into the relationship of this phenomena, the
20 social conditions generally, state of personal issues
21 and changes taking place in our society, trying to put
22 it into perspective.

23 So our terms of reference are
24 very, very broad. In fact, there is hardly anything
25 that we have heard to date that is irrelevant.

26 On the basis of these findings, we
27 are asked to recommend what the Federal Government
28 can do alone, or with other levels of government, to
29 reduce the dimensions of the problems involved in non-
30 medical drug use.

1 The Inquiry has brought home to us,
2 the fact that there are some very fundamental questions
3 that we all have to answer. We have to come to some
4 kind of a position on them. And I think our own study
5 of this phenomenon is only to confirm our conviction
6 of the importance of this issue, and find as many
7 ways as possible to discuss these questions, and get the
8 the views of our fellow people on this, and get the
9 feel of where our wisdom lies here. Because apart
10 from the technical aspects of the subject, these
11 fundamental questions are moral questions, they
12 involve the balancing of values, and so they are all
13 questions that we, as citizens, have to come to an
14 answer on, sooner or later.

15 Among them, first, what is to be
16 the general attitude towards this phenomenon of non-
17 medical drug use? Is it to be condemned in principle,
18 or is it a matter of difference, or are there other
19 distinctions to be made? This is something which you
20 can't avoid. And what are the values implicit in the
21 answer to that question?

22 What values, what value position
23 do we pose in this question? And then we come to
24 the general question of how society responds. What
25 is the role of law, if any?

26 First of all, what is the
27 responsibility of the State, in relation to this
28 phenomenon? What is the responsibility of the
29 government? And what is the role of the law? And
30 what other responsibilities are there? And what is

1 to be our approach to education? Are we to tell the
2 whole truth, as well as we can? Positive, as well as
3 negative aspects? And if so, at what ages? And are
4 we to have any purpose, other than information, in the
5 education?

6 What is to be our approach to
7 treatment? I think we have encountered the fact, or
8 opinion, that the response that the medical authorities
9 have not always been a sympathetic one. You were there
10 this morning, and you heard reference to that again.

11 What is to be society's general
12 attitude toward the treatment? When is treatment
13 required? What are the conditions actually calling
14 for treatment, and is the treatment to be entirely
15 voluntary? Is there any role for a compulsory treat-
16 ment?

17 These are the kinds of general
18 questions I refer to. So we would like to have your
19 views on these, and any other aspects of the phenomena
20 that concern, or interest you.

21 At this point in these hearings at
22 universities, there is always a hero or heroine that
23 walks out to the end of the high board, and takes the
24 plunge and gets us off. We have never failed to find
25 someone who would perform that role. I hope there
26 will be someone here today.

27 There are microphones placed here
28 for your convenience.

29 Yes?

30 THE PUBLIC: I have presented something

1 to you here.

2 THE CHAIRMAN: You have a brief.

3 Yes, good.

4 THE PUBLIC: If I may just read
5 it.

6 THE CHAIRMAN: Mr. Rivney, repre-
7 sentative of the Student Legislative Council.

8 THE PUBLIC: I will just read it
9 first here.

10 THE CHAIRMAN: All right. Speak
11 a little more closely to the microphone.

12 THE PUBLIC: Right.

13 "Dear Sirs: It is evident in
14 the past, there has been little research done on the
15 non-medical use of drugs. Much more investigation
16 into the psychological, sociological implications of
17 drug use, and abuse, must be done in order to ensure
18 the safety of the users.

19 Drug use has already prevailed,
20 however, I would suggest that besides doing silent
21 research, the drug researchers implement programs
22 toward protecting the public and the present users.

23 Some such programs would be
24 the establishing of more advisory committees, and
25 drug centres, abuse research, more information on
26 drug use, and abuse.

27 I am also advocating the immediate
28 legalization of possession and sale of marijuana and
29 hashish. Our reasons for such a program, and dis-
30 advantages for not doing so, are as follows:

1 1. The government would have a
2 much better control over the distribution of these
3 drugs. By this, I mean that right now the illegal
4 procurement of such drugs make it difficult for some
5 people to obtain drugs, and consequently, they have
6 to obtain it by deviant means.

7 The second point, is the government
8 would have a much better control over the quality of
9 the drugs. For instance, the drugs right now may
10 have impurities in them, which would ensure, if it
11 was quality controlled, safety of the users.

12 My third point is, as a matter of
13 interest, that the government would benefit from
14 Excise Tax, such as from cigarettes and liquor.

15 Deviant behavior from the under-
16 ground use of drugs would be reduced. People would
17 not feel guilty for breaking the law, and thus would
18 not engage in deviance. It seems right now, that
19 drug use and abuse, is connected with the hippie
 if not
20 sub-culture, and I feel that/people do/feel as guilty
21 about the use of drugs, perhaps there wouldn't be
22 as much deviant behavior accompanying the use of
23 drugs.

24 And I believe, my last point,
25 in 1935 there was a directive of the Narcotic Control
26 Act described as a narcotic. Is that correct? Do
27 you know?

28 THE CHAIRMAN: Yes. 1923.

29 THE PUBLIC: I see. Marijuana
30 and hashish were described in the law as narcotics?

1 THE CHAIRMAN: Yes.

2 THE PUBLIC: I see. I would
3 just question this. And that is really all I have to
4 say.

5 Thank you.

6 THE CHAIRMAN: Thank you.

7 MR. STEIN: Were you presenting
8 a brief as a personal document?

9 THE PUBLIC: Yes, I am.

10 MR. STEIN: This is your own
11 personal brief?

12 THE PUBLIC: Yes.

13 THE CHAIRMAN: It isn't on behalf
14 of the students?

15 THE PUBLIC: We have a represent-
16 ative of the students here. Perhaps he is more
17 qualified to present a few points.

18 THE PUBLIC: As President of the
19 Student Legislative Council with the University of
20 Calgary, I would be more than willing, on behalf of
21 that council to accept this as an official brief
22 from our council.

23 I realize, and we realize that
24 it is not as extensive as it should be. However, he
25 felt at the time he was working this up, and I felt
26 also, that the documentation that he would have
27 included, you would probably receive before, and as
28 such, we would just like this to be a reinforcing
29 agent for that document.

30 I also have another statement,

1 and I think it is fairly important, that your
2 Commission realize that courts across this country
3 are taking a very lenient look at drug users, partic-
4 ularly soft-drug users, and at the so-called "pushers"
5 of these drugs. And I feel that if your Commission
6 was to look into this deeply enough, you could see
7 that, in fact, the people who are using the drugs
8 are really only receiving subsidiary penalties to
9 those who are pushing.

10 It would be an opportunity for
11 the government to, first of all, rid their courts of
12 a lot of legal tie-ups they have right now, in terms
13 of arresting those people, and then releasing them
14 again with minor sentences.

15 And also, it would give the
16 government an opportunity to cut out the so-called
17 "pushers" of the soft and hard-drugs.

18 THE CHAIRMAN: Thank you.

19 Dr. Lehmann?

20 DR. LEHMANN: Could you give us
21 some sort of a definition of what you understand to
22 be a "pusher". Is a pusher anyone who trafficks in
23 drugs, that is, by legal definition? Anyone who
24 passes on a drug to another person, for money, or for
25 profit or not? Or do you have another definition of
26 a pusher?

27 THE PUBLIC: No, I could accept
28 your definition as a person who trafficks in these
29 drugs for profit, whether that be monetary profit,
30 or goods, or something of an equivalent service.

1 DR. LEHMANN: What about the
2 person who makes just enough money, well, to be able
3 to buy his own drugs, or to get himself some hash?

4 THE PUBLIC: You mean he just
5 makes enough money from the sale of these drugs?

6 The courts are not differentiating
7 between these people, and the people who are in it for
8 a large profit, and as such, trafficking is trafficking.

9 And I feel if the government were
10 to change this Act, or repeal the Narcotics Act, and
11 allow the sale of these drugs, that you would get rid
12 of a lot of the criminal charges that are being laid
13 on these people because of this. And the unfortunate
14 part of these criminal charges, is it goes with that
15 person for the rest of his life.

16 THE PUBLIC: Just change the law
17 then, Rod. If you want to drop the criminal charges.

18 THE PUBLIC: Exactly, that's
19 what I am asking for . I am asking for a repeal of
20 the Narcotics law.

21 MR. STEIN: What about your view
22 as to the responsibility of the government, aside
23 from a penal law which prohibits usage of certain
24 drugs?

25 In other words, do you, individually
26 do you feel that there is any responsibility at all
27 that the government has a right, or should be assuming,
28 in relation to this law?

29 THE PUBLIC: Yes. I think the
30 government has a very deep responsibility in the same

1 way they have a responsibility for the sale of
2 cigarettes, and the sale of alcohol, and the sale of
3 just about everything else in this country.

4 Supposedly we operate under a
5 free enterprise system. Supposedly our government is
6 concerned about the economy of this country. I find
7 it kind of funny, being a socialist, seeing a gov-
8 ernment which is promoting free enterprise, cut
9 itself out of a very lucrative trade.

10 MR. STEIN: You mentioned
11 cigarettes and alcohol. I am not quite sure what
12 you are referring to.

13 In other words, what is the
14 government's responsibility there? There are
15 proposals, as you are aware, for example in relation
16 to cigarettes, that the government should take a
17 position prohibiting certain kinds of advertising.

18 Now, in other words, I am not
19 trying to make a direct analogy, but what kinds of
20 response do you, as a citizen in this country, think
21 are appropriate for the government in relation to
22 the non-medical use of drugs across the board?

23 THE PUBLIC: I feel that the
24 government has a responsibility to judge the attitude
25 of the people of this country to a certain degree.
26 Not necessarily make judgment upon that attitude, but
27 to judge and understand the attitude. And I feel
28 that government is failing dismally right now, in
29 understanding the attitude of young people in this
30 country. That attitude being that drugs, soft-drugs

1 such as marijuana and hashish, are even less harmful
2 than cigarettes and alcohol. And if the government
3 has taken upon itself the responsibility to legislate
4 against these drugs, and at the same time to provide
5 this country with the other two, evils of life, I might
6 say.

7 THE CHAIRMAN: Thank you.

8 Gentleman at the microphone?

9 THE PUBLIC: It seems now we are
10 living in an era of a great amount of education, and
11 logic, by people doing a lot of thinking, a lot of
12 people doing great things, going to the moon and
13 letting off rockets and so forth, and even going to
14 war with very advanced techniques.

15 And we are looking for a more
16 logical society in this world. The United States,
17 Canada and the rest of the world. And yet, the
18 government now has some laws on the books, for example,
19 narcotics laws, which are going against logic.

20 They say such and such happens,
21 that is, marijuana and hashish cause damage. O.K.
22 Studies are coming out now, showing that this is not
23 true. O.K. So we have an antiquated law on the
24 books, which is actually an oppressive law, because
25 it is going against the logic that the government is
26 sort of promoting. Think for yourself, type things.

27 But then when you try to think
28 for yourself, and you look at some of the studies that
29 are coming out, and they say there is no
30 damage from these drugs, and yet there is still a law

1 against it.

2 MR. STEIN: Would you think,
3 taking a different drug like heroin, rather than
4 marijuana and hashish, assuming we know certain things
5 about the physiological effect of, for example, heroin,
6 and we are to determine that in another drug,
7 amphetamines, there are kinds of physiological effects
8 that we might decide to describe as damaging the
9 physical functioning of the body. In that kind of a
10 situation, are you suggesting it is appropriate to
11 have legal sanctions prohibiting the drug, and making
12 criminal
13 it a /offense to use the drug? Are you in favour of
the laws in that area?

14 THE PUBLIC: O.K., I will answer
15 your question, just progressing on my line, if that
16 is O.K. with you.

17 And that is, if we are going to
18 have a logical society, society that questions things
19 for itself, and creates the best answer, then I feel
20 the role of the government is to present to the
21 people information which is as true as possible.

22 Then, perhaps, when you see in
23 scientific journals when a guy does such and such a
24 study, and he gets such and such results, and he
25 produces a document on it.

26 Talking about amphetamines, I
27 believe firmly that mostly the amphetamines you find
28 come through the doctors offices. O.K., the doctors
29 prescribe diet pills, prescribe pep pills and everything
30 else, and this is where they come from. This is how

1 people get them. This is why a lot of housewives and
2 people are on amphetamines. They go through the doctors
3 and the
/government is not legislating one way or the other
4 there.

5 The point is education, where
6 people realize things like there can be a physiological
7 addiction to amphetamines, while other doctors believe
8 it is not true. Some people believe that injecting
9 amphetamines will cause physical damage, or injecting
10 speed, or injecting methadrine only will cause physical
11 damage, whereas digesting it does not cause damage.
12 This I have heard from a pharmacist who is very well
13 up on the drug scene. Not a pusher, a real pharmacist.

14 I think that the government really
15 has to have education, and education not presenting
16 something in a very slanted way, but presenting all
17 the evidence that you can have trouble with marijuana
18 and hashish. I know people who have had it for the
19 first time, have taken marijuana, have had very bad
20 trips, and really freak out on it.

21 All right. But by presenting --
22 by producing education, telling of the kinds of
23 settings and having provisions where these drugs are
24 O.K. to take, and having conditions where they are not
25 O.K. to take, where it is dangerous. But I think we
26 will have a much more enlightened society, and there
27 won't be any "drug problem" as everybody talks about.

28 THE CHAIRMAN: Thank you.

29 Dr. Lehmann?

30 DR. LEHMANN: The mandate of the

1 Commission is definitely not to give information, but
2 rather to ask questions to get the feeling of what the
3 attitudes are, your attitudes.

4 But let me just make one statement
5 -- that your friend the druggist made, that the
6 amphetamines, if they are swallowed, are not physically
7 damaging. It depends on the dose, as well as with
8 many other drugs. But if it is 500 or 1000 milligrams
9 it is very damaging.

10 THE PUBLIC: I also would repeat
11 that it is probably a compounded situation, in that a
12 lot of people who shoot methadrine are doing it on
13 their own, it is not under the doctor's supervision,
14 and a lot of the damage might come from serum hepatitis
15 and so forth. And it is true. The study probably is
16 no good, the survey.

17 DR. LEHMANN: It is quite true
18 that large doses, such as a speed-user is using,
19 even swallowing it, or shooting it, are quite
20 damaging to the physiological and psychological, and
21 it is just a question of dosage, and that has been
22 established.

23 But, I wanted to ask you whether
24 you feel that the government's task, and business, is
25 simply to provide this information through research
26 and publicizing it properly. Communication, in other
27 words. Or education, or whether you feel there is any
28 place at all in legal regulation of availability
29 and distribution of drugs, apart from quality.

30 THE PUBLIC: Could I come back up

1 there?

2 THE CHAIRMAN: Yes.

3 DR. LEHMANN: Yes.

4 THE PUBLIC: I agree with the
5 gentleman who read the letter about the legal distri-
6 bution of marijuana and hashish. It could be done
7 some way, for example, like by a Liquor Board, the
8 same way. They could have a Hash Board, or something
9 like this.

10 This way, one small problem of
11 drugs, that I consider to be a small problem, of
12 impurity of the drug could be controlled. Buy a
13 package of Acapulco under the stamp of the Alberta
14 Seal, and it is genuine Acapulco Gold, and it is not
15 something that somebody puts in DMT, and someone
16 freaks out.

17 At some point, the government
18 ought to legislate against the drugs, saying, "Yes,
19 it's illegal to take this drug." But this should only
20 come after evidence is in, saying that it is addictive,
21 it is harmful, it will cause problems. This hypo-
22 thetical evidence saying, that, "Well, marijuana leads
23 to LSD, which leads to heroin, which leads to instant
24 death."

25
26 It is all emotionally laden, you
27 know. It is not really the type of information that
28 you want in the society that we have now. We want
29 a logical society who think for themselves. People
30 who think for themselves. And the education about

1 marijuana is saying it has good points, it has bad
2 points, there is no damage to chromosomes. However,
3 you can have psychological problems with it. There is
4 no physical addiction to it, or there is none found
5 yet. There might be psychological addiction. I am
6 psychologically addicted to chocolate milkshakes, and
7 whenever I can get one, I get one. And that is a
8 psychological addiction. It is something that you
9 want.

10 These are my feelings. I think
11 where anyone shows a drug is not harmful, it should
12 not be legislated against until the evidence is presented
13 that it can be harmful. This is how it can be, you know,
14 go and have a good time, but try and have as good a
15 time as possible.

16 MR. STEIN: I asked you a little
17 earlier, whether you favoured laws -- I didn't say it
18 quite this way, but what I was driving at, do you
19 favour prohibiting drugs which may be physically harm-
20 ful?

21 And now you are coming out very
22 clearly and saying you think there may be a role for
23 government to set up legislation prohibiting the uses
24 of the drugs. And a number of people have spoken to
25 us, and said, in terms of logic, or consistency, their
26 view is that any legislation which attempts to deal
27 with the use of the drug with the criminal law, is
28 merely going to compound whatever difficulty the
29 individual may be having in the use of this drug.

30 THE PUBLIC: This is probably one

1 of the reasons why England's heroin addicts are
2 allowed to register, and get so much of it. This has
3 been up to recent times.

4 O.K., that is the problem. You
5 are here. You people exist for one simple reason, and
6 that is because there is a set of laws now, saying
7 "You can't smoke marijuana, hashish." But people are
8 if
9 doing it. And /people want to do something, they are
going to do it.

10 If you educate properly -- let's
11 say we have a child who is in school, or someone who
12 is in school, very naive, and the teacher says "Heroin
13 is bad." First of all, you shoot heroin, and buy a
14 dirty needle, and you get hepatitis and all this stuff,
15 and you can get an overdose which can kill you. And
16 you never know how much you are getting.

17 And in the same breath, you come
18 up talking about marijuana, that it is harmful. Well,
19 you know your friend Joe Smith has been smoking
20 marijuana, and has been having a great time. And
21 immediately, everything she said is a lie.

22 Why do they have to throw out lies,
23 you know, emotionally laden things, with information
24 which might be useful. It makes the whole thing become
25 unbelievable, the whole teaching program.

26 If you are going to teach something,
27 you teach the truth, don't teach emotions.

28 THE CHAIRMAN: Thank you.

29 The gentleman at the microphone.

30 THE PUBLIC: I would approach this

1 topic from a slightly different angle, mainly because
2 I have a different experience altogether from people
3 here.

4 But I will give you, first of all,
5 a bit of information and then proceed to argue from
6 there, although it is a very bad way of doing things,
7 I am sort of generalizing from a specific case.

8 I come from West Africa, Syria,
9 and the best prime minister we have ever had out there,
10 was a character who was addicted on morphine. And that
11 character, in my opinion, was the best prime minister
12 Africa, as a whole, has ever had. He was the most
13 diplomatic, he achieved independence for Syria, and he
14 got many, many things going. He was most respected,
15 and respectful character around.

16 In other words, he had to have
17 his shot of morphine every morning, or else you
18 couldn't talk to him. If you went and saw him about
19 7:00, and he hadn't had a shot of morphine, he would
20 be very, very nervous, in fact he would think you
21 had done him a great wrong.

22 He, by the way, was a doctor. A
23 general practitioner, who got his degree -- first
24 African doctor.

25 But this fact aside, let's sort
26 of get into the situation here, and see. Looking
27 at the Liquor Control Board, and all of its finicky
28 little laws and details, like you cannot travel with
29 liquor in your car, is probably a good thing. But
30 you cannot buy liquor from any store you want to, you

1 have to go to the Liquor Control Board and get that.
2 It is puritanical. It does what -- in Australia they
3 found there something to be quite an achievement.
4 The liquor laws there, that used to stop at 6:00 in
5 the evening, so you had people buying trays of beer,
6 and holding down four, and just guzzling down the
7 stuff, and getting drunk.

8 In other words, exceeding the
9 limit will tend to create people who will want to
10 get drunk, because it is fun to get drunk. Drinking
11 is no longer what it is in England , a social
12 habit. There is nothing wrong with it, getting it
13 in very small quantity, but there is a lot wrong
14 drinking large quantities, just as with drugs, I
15 would imagine.

16 There is nothing wrong with
17 smoking hash, or anything, to get the experience. But
18 when you start to do anything in excess, it tends
19 to be bad. And I think I am getting a bit far off
20 as far as this is concerned.

21 But what I am trying to make --
22 at
23 the point is,/the moment the government has got its
24 priorities wrong; that's what I am concerned with.
25 The priorities are not the teenagers, or for that
26 matter, the grownups smoking pot, or growing long
27 hair. They are using a sledge hammer to crack nuts.
28 The big problems are the big problems. And the
29 big problems are the people with the money. They
30 control government, just as much as government controls
them. And I think government is afraid to deal with

1 this.

2 I am going a bit beyond this,
3 I am afraid, but I think the government is completely
4 wrong. What they need in the drug question, is a
5 complete and thorough educational program.

6 I don't think there is anyone
7 who is here, who wants to kill himself, unless he
8 has got the psychology to handle it. But even the
9 government, with all its powers, can do nothing to
10 stop him. If I want to commit suicide, I will not
11 come up here and stand up and say, "I am going to
12 commit suicide." I will go and do it silently in a
13 corner where nobody would hear me.

14 What I am saying is this: Nobody
15 wants to -- we are treating here today, not the causes
16 but the effects of the society that is sick, and we
17 start by curing the causes, looking for the causes,
18 of what leads people to drugs, what leads people to
19 smoking, what leads people to drinking. I know.

20 But, if we start intensifying
21 the educational programs, then we will get somewhere.
22 You inform what it does, if you know what it does,
23 which I am sure -- a hundred percent above average.
24 Some speculator says it does this, and another
25 speculator says it doesn't do this. And it still is
26 not at a better stage. So if you don't know, let's
27 show both sides of the case.

28 But the point is, society as such,
29 much be sick if it is going to do that. Why -- I
30 will ask you a simple question. Why don't we have

1 a drug problem in this area? Because we are not
2 well off, or emotionally in a state of tension, where
3 people in this country are.

4 MR. STEIN: Are you suggesting
5 that there are no chemicals that are used in your
6 country, that alter mood at all? Is that what you
7 are saying?

8 THE PUBLIC: They smoke cigarettes,
9 they drink beer, and they drink a brew of wine that
10 is very, very poisonous, but they drink it, and the
11 government can do nothing. If it tries to, it won't
12 be able to.

13 MR. STEIN: You just referred to
14 two or three chemicals that are used. Is it your
15 view that the use of those chemicals in your country
16 is a reflection of some kind of a sickness in
17 society, or is it other factors?

18 Do people use it for fun, in
19 other words?

20 THE PUBLIC: They use it -- you
21 see, I have to explain, in Syria they are very, very
22 poor. They are an under-developed country, but
23 another problem is also they need some psychological
24 steam valve, you know, to let off steam every now
25 and then. And the only way they can do this, is to
26 have a little bit of cannabis and everything like
27 this at Christmas and they go to town and drink a
28 lot.

29 I am not saying you don't have
30 the drugs. You have the usual drugs. They have

1 the usual thing. No society has been able to cure it.

2 MR. STEIN: What I was getting at,
3 is are you representing a kind of a pathologocal
4 interpretation to the use of drugs in our culture?

5 A lot of people have suggested to
6 us, that that may be the case for some individuals,
7 but it is also the case that someone may want to go
8 to Banff to go skiing, to go out and enjoy themselves
9 and have a change sometimes. They may also use drugs
10 just for that reason.

11 THE PUBLIC: I will ask you a
12 simple question. I will -- to answer your question.
13 I know what you are leading to, but I will answer your
14 question by asking a question.

15 Do you think by legislation you
16 can stop a person from enjoying himself? If he knows
17 that marijuana will make you happy, without a hangover
18 the next day. Tell me this: I have a party tonight,
19 and I know if I drink more than three pints I will have
20 a hangover tomorrow. So I will wear the consequences.
21 Do I want a hangover, or don't I? Or do I want --
22 it is up to me to say I want a hangover, or I don't.
23 It is not the government.

24 Nobody should legislate, I want
25 me, me, me, me. You can legislate about my behavior
26 and somebody else, but if I am not harming anybody
27 else, don't legislate about me and myself.

28 This is my bone of contention.

29 MR. STEIN: You asked the question
30 this is one of the issues the Commission is taking a

1 very good look at. Obviously, one of the questions
2 I can throw back --is there someone who wants to get
3 into this before I go on? Maybe I should let you.

4 Go ahead.

5 THE CHAIRMAN: Thanks.

6 THE PUBLIC: Right.

7 THE PUBLIC: Well, I am not sure
8 that you people are aware, or I am not sure if you
9 have run across it in your travels, but there seems
10 a paradox that a government which is supposedly
11 concerned with the welfare of its people who would
12 legislate against a drug like marijuana, and when a
13 substance, a hallucinatory substance such as Morning-
14 glory seeds are discovered, and are not illegal, the
15 government will allow the seed companies to market
16 these seeds with (inaudible) substance which
17 produces convulsions, stomach cramps, and death.

18 And it just seems incomprehensible
19 to me, that a substance like cannabis should be out-
20 lawed while a substance such as this, is allowed to
21 happen.

22 I mean, the seed companies, and
23 people who keep on making them, and people who keep
24 on eating them, and that's what happens.

25 That was something I thought of
26 while I was coming up.

27 I think that the fellow who spoke
28 last, had a very good point in that if a person would
29 like to take a drug, and get a kick, I think it would
30 be very difficult to legislate against it. But any

1 legislation that could come from the government. would
2 have to deal with the pushers, and I guess if you
3 can deal with the pushers, in a satisfactory way,
4 then more power to you.

5 THE PUBLIC: Pardon me. Mr.
6 Trudeau has said the government has no place in the
7 bedrooms of the country. Does that mean if I go
8 into the bedroom and smoke dope, nobody is breaking
9 any laws?

10 I think that the whole issue
11 becomes a moral issue, in that older generations are
12 establishing moral levels that I am expected to live
13 by. You don't find many 60 year old business men
14 smoking marijuana. However, there are a hell of a
15 lot of 28 year old lawyers that smoke marijuana.

16 I have to question the right of
17 60 year old persons to tell me what is good for me,
18 and what is bad for me, on a set of principles that
19 went out 30 years ago when he was my age.

20 I feel that this Commission's
21 main responsibility should be not only to augment
22 the legalization of certain hard and soft drugs, but
23 also to question the entire moral establishment that
24 we have in this country, and determine whether one
25 age bracket has the right to set moral levels for
26 another age bracket, considering such things as the
27 age which was just lowered yesterday to 19 in
28 British Columbia, the legal age of consent.

29 The British Columbia government
30 realizes, particularly with liquor, that people

1 19 years old, have as much right to drink as people
2 21 years old.

3 Unfortunately, the government of
4 this country, which is generally made up by people
5 over 50 years of age does not seem to realize that
6 people my age feel we have a right to smoke marijuana,
7 hashish. When the government gets to that position,
8 when they start to realize that the moral code they
9 ^{is} live by ^{not} the moral code we live by, we will have
10 a much better country.

11 And I would ask you gentlemen to
12 consider that when you consider the legalization of
13 certain drugs.

14 THE PUBLIC: During the prohibition
15 in the United States, approximately 30 years ago, rum-
16 running was a big business for the mafia, and now
17 with the prohibition of cannabis, hash-running and
18 weed-running is.

19 I am begging for you people to
20 make at least cannabis legal.

21 MR. STEIN: We haven't been
22 given this picture consistently. In other words, we
23 have been told very conflicting things, and it could
24 be they are both accurate.

25 But, nevertheless, in terms of
26 distribution of, in particular now, the various
27 parts of the cannabis plant, where the distribution
28 by and large is an informal kind, almost, kind of
29 amateurish sort of operation. It is not part
30 and parcel of the organized professional criminal

1 element.

2 THE PUBLIC: No informal group
3 can ship into Canada 400 pounds of hashish. No
4 informal group has that type of control. 400 Pounds,
5 that's a lot. When you are buying a gram for
6 seven and ten dollars, think about that.

7 And in the Middle East, a pound
8 you can get for ten. That is 454 times that price
9 is being lifted.

10 THE CHAIRMAN: Gentleman at the
11 microphone.

12 THE PUBLIC: I think that another
13 big problem is chemicals. I don't think there is
14 anybody here that will admit that marijuana and
15 hashish are even psychologically damaging, or physio-
16 logically damaging, and there is a lot of chemicals
17 such as LSD and mescaline which, in their pure form,
18 in controlled dosages, have been given out to people
19 especially under the right circumstances. But one of
20 the biggest things that is wrong with them, is that
21 there is a lot of crap in the drugs with them, like
22 you get a lot of speed with acid, and mescaline is put
23 on a closer name base, which I believe contains lead,
24 which is a poison.

25 And one of the largest duties of
26 the government should be to regulate the chemical
27 drugs, and keep the stuff pure. Because a lot of
28 the problems with acid and with mescaline is the fact
29 that there is a lot of mystery surrounding it, which
30 the government should come into education. And there

1 are a lot of impurities which are bad.

2 THE PUBLIC: It seems that we
3 don't really have a drug problem, but that we have
4 a legal problem, and an education problem.

5 A law was made prematurely without
6 information. It seems that a law should protect the
7 person, and protect people around him, either/or.

8 Now, studies that have been
9 coming out on marijuana and hashish have shown that
10 in certain perceptual classes there is no difference
11 between someone who is on hashish, or marijuana, and
12 someone who just is not on anything. And there is
13 a difference between the person who is on hashish
14 versus the person who is on alcohol.

15 So, clearly, it would seem that
16 there is no damage to people around them. All right?
17 A person who takes hashish is not dangerous to persons
18 who are around him. Also certain physiological
19 evidence just beginning to come out, shows that these
20 two drugs are not physically damaging.

21 So, again, we see that it is not
22 dangerous to the person himself.

23 Therefore, the law would seem
24 to be out of place. They made a law without
25 information. Now they have a law, they are kind
26 of stuck with it. This law creates an education
27 problem. The problem is we can't educate people
28 in how to use a drug, because they are not allowed
29 to use it. They are not allowed to use it, so we
30 can't tell them how to use it, because they are not

1 allowed to use it.

2 Now, it seems to me, the easy
3 way to solve the problem is no solution at all. The
4 easy way is to take a bunch of people, young people,
5 throw them into prison. That is no solution, that
6 is the Western solution. That seems to be a United
7 States solution. We have violence, O.K., let's put
8 it out of sight. All right, let's not worry about
9 it, we put them in jail, we are solving the problem.

10 Well, it is not solving the
11 problem. You are putting people into jail for some-
12 thing that may be a crime. But probably is not a
13 crime. And I would just hope that what would come
14 out of your report, would be a stoppage of arrest
15 for at least two years, so that scientists can
16 fully investigate the problem, and Commissions like
17 yours, which I think is premature because at best
18 you are only getting a selective sample. You are
19 not getting a fully rendered sample, because people
20 are afraid to come up and say, "I have used this."
21 and "I have used this." because there is this fear
22 that there are narcotics agents taking down the
23 names, taking pictures, and following them around.
24 I think that's fair.

25 I am not going to come up here
26 and admit to a crime. All right, that is all on the
27 books, right? This is -- what I would hope for is
28 a ban on arrests for at least two years, so we can
29 investigate, and then once we have the information
30 then go ahead and make your laws. Let's educate

1 the public. This is the prime concern right now.

2 DR. LEHMANN: May I take a
3 minute to try and clarify some of the issues that
4 have been brought up here, very interestingly.

5 With regard to the last statement
6 that was made, the strange thing is that many more
7 people that appear before us, who admit that they
8 are taking drugs, than people who seem to have
9 encouragement, some way or another, to say they are
10 against the drugs.

11 Now, this is a strange fact, but
12 it is so. We hear many, many more people say they
13 are for drugs, and freely admitting that they do
14 use them, have used them, and will use them, than
15 there are people who say they shouldn't be used, and
16 who haven't used them. So that is a fact.

17 THE PUBLIC: In Calgary?

18 DR. LEHMANN: Throughout the
19 country.

20 THE PUBLIC: There is still
21 that problem that there are many people who will
22 not get up. You will not reach certain people because
23 of this fear. It is a legitimate fear, this is what
24 I am trying to get at.

25 THE PUBLIC: Possibly one of
26 the fears here today, is the C.K.S.L. microphone.

27 No one ever wants to admit that
28 they have smoked marijuana, when it may be re-played
29 on a radio station with funny music behind it.

30 DR. LEHMANN: There are several

1 other means by which information could be passed to
2 the Commission. One, we have always made everyone
3 aware of this, that there can be private hearings. And
4 we have had quite a number of them, individuals, or
5 small groups, or larger groups. In private hearings,
6 where there is definitely no interference, or presence
7 of any official at all. And so that is one of the
8 responsibilities we have taken.

9 But, the other thing I would want
10 to get some clarification on, is the harm issue.
11 For instance, it was mentioned last week, that hash
12 has been established not to be harmful to others,
13 other than the user. Well, that is so in reasonable
14 quantities, but you all know that alcohol has been
15 established to be a very considerable contributor
16 to crime. That is very definitely established.

17 But one or two glasses of wine,
18 definitely do not contribute to crime. If alcohol has
19 contributed to crime, it was because it was taken
20 in large, unreasonable quantities. Nobody knows so
21 far, scientifically, what would happen if hashish is
22 taken in large, and unreasonable quantities. We don't
23 know whether there would be any harm to others, or
24 to individuals.

25 THE PUBLIC: There have been
26 places and times where hashish has been made legal.
27 For instance, in India it was legal, and it was legal
28 in South America during the building of the Panama
29 Canal.

30 And I would like to cite two

1 studies. The first study was done by the British
2 government in the 19th Century, where they wanted to
3 find a reason for making marijuana and cannabis-
4 related drugs illegal, so that they could bring in
5 scotch for the people to drink because they could
6 tax scotch, and not cannabis.

7 They found that there was no
8 incidence, or no increase of any psychotic damage,
9 or any, let's say, roudyism, or anything like that
10 with people under the influence of hashish and
11 marijuana. These were people who were freely taking
12 it on their own.

13 Secondly, at the building of the
14 Panama Canal, the United States army, they did the
15 same type of study to find out, do people get
16 arrested due to behavior while under marijuana, let's
17 say. They found no difference than normal people.
18 The alcohol was worse. These studies are cited in
19 the 1960 Scientific American on marijuana.

20 DR. LEHMANN: But you only give
21 partial evidence there, because the Hemp Commission
22 to which you refer in 1893, which was a very
23 thorough investigation, they stated several times
24 that in reasonable, moderate amounts, hashish and
25 marijuana are not harmful. If taken in excessive
26 amounts, very definitely it causes illness, and
27 causes behavior which is socially, and possibly
28 damaging.

29 THE PUBLIC: O.K. The point I
30 and am bringing up is that in India,/during the building

1 of the Panama Canal, these drugs were available to
2 the people because it had not yet been outlawed. So
3 therefore, they could take as much as they wanted.

4 The point is not, if I go up to
5 you and I start shoving hashish down your throat, or
6 chopping it up and injecting it into your veins, or
7 whatever I get into you, until you bring it up. That's
8 not a study, it's when you would stop taking it.

9 Now, if a person takes alcohol,
10 you know, he drinks, he builds up a tolerance, he
11 drinks more, and he builds up more tolerance, and he
12 drinks, and drinks, and drinks. It seems to be an
13 increasing type of situation. In marijuana and
14 hashish it is found to go the opposite way. A lot
15 of people, the more they take marijuana and hashish,
16 the less they require it.

17 Now a lot of people would say it
18 is not due to the drug. It is psychological. We are
19 not talking about whether it is psychological, we are
20 talking about cause and effect.

21 If a person does not normally
22 take, or does not usually take a tremendous amount
23 of hashish or marijuana, that is, to cause him to
24 become sick, or kill everybody, which is sometimes
25 found to happen with alcohol, then why discuss this
26 if people don't. They just stop before that situation.

27 You have evidence to show that
28 people have taken this amount voluntarily. I would
29 like to read that too.

30 Another person that came up to

1 say that I think one of the reasons we have the
2 problem with marijuana, and hashish, being outlawed
3 and we don't have this outlawing of alcohol because
4 we have this Anglo-Saxon background of brewing before
5 we even came about here in the Western Hemisphere.
6 And therefore, it just came where everybody was
7 content to accept alcohol as being part of the
8 original life.

9 But, prior to this, people had
10 been engaging in hallucinogenic drugs, and these
11 things come from India, the Middle East, or Asia,
12 than perhaps we would see, from the LeDain Commission
13 here anyway, because these drugs would be legalized
14 anyway. It is just a background.

15 One thing I would like to ask
16 you, since you have had, probably, very extensive
17 knowledge of the law and so forth, is that I am led
18 to believe that the anti-marijuana laws set in 1934,
19 I think, in the United States, were discriminatory
20 against the Mexican workers. Is this true, or is
21 it not true?

22 And also, marijuana and hashish,
23 especially marijuana, has been thought now to be a
24 ghetto type drug, and therefore that is why in the
25 in
26 South, where the ghettos the blacks are usually
27 put down, the penalties for possession and selling
28 marijuana and hashish are harder than any place in
29 the rest of the United States, leading up to life
30 imprisonment and so forth.

Is this true, about the Mexican

1 situation? That it was mostly against the Mexican
2 workers that came up here. This was their form of
3 entertainment, or something.

4 THE CHAIRMAN: The law itself
5 was not directed against any particular people. It's
6 effect and application might have been against only
7 certain segments of the society, but we are not
8 speaking of the American laws. Our own laws in 1923
9 at the time marijuana was introduced, they could said
10 to have thought of it as being chiefly applicable
11 to persons of oriental extraction. The laws were
12 not directed to them as such, in a discriminatory
13 fashion, but the people that were contemplated at
14 that time as being offenders of the law, might have
15 been thought to be regarding that. That is simply a
16 question of patterns of behavior and use.

17 I don't know if it useful to try
18 and speculate against motivations.

19 THE PUBLIC: You are saying it
20 did not say, for example, in the Canadian law, the
21 purpose of this law is to get the Asians who are
22 in Canada. These are the biggest users, and it is
23 just like a law against long hair, let's say. It
24 wouldn't affect any of you four gentlemen, but it
25 might affect a certain segment of the population, of
26 people who seem to have long hair.

27 I would like to say one other
28 thing, and that is, I think marijuana and hashish
29 are going to become, let's say, the alcohol of
30 tomorrow, and alcohol will probably disappear, and

1 people will be using things like marijuana, and
2 hashish.

3 This is my own opinion.

4 MR. STEIN: This is a point of
5 view that has been expressed by many people, but it
6 might be of interest to note that of many of the
7 surveys that have been presented to us publicly,
8 still indicate that by and large, the drug that is
9 used mostly by youth in high schools, is alcohol.
10 And I am just saying that these are briefs that have
11 been presented to us.

12 And older people have said they
13 don't necessarily see them as mutually exclusive
14 phenomenon.

15 THE PUBLIC: I would say that
16 regarding young people and alcohol, the problem is
17 somewhat compounded, because -- for the simple
18 reason alcohol is easier to get. If I was under
19 21 all I would have to do is get someone's identifi-
20 cation over 21, and I could buy all the booze I
21 want, right down at the store.

22 If I get caught, in addition,
23 the worst sentence I could probably expect for a
24 first offense, is something of, like probation, or
25 something like this, maybe a bawling out. It depends
26 on the juvenile officer. It depends on what a social
27 worker said, whether this kid should get probation
28 or not.

29 On the other hand, a first
30 offense for marijuana is pretty stiff, in Alberta

1 here for example. And as a result, there is a lot
2 less tendency to get it. But to get a high, you can
3 get something that is a lot safer.

4 MR. STEIN: I would like to make
5 reference to some comments made about a few minutes
6 ago, and I have been thinking about them. And it has
7 been my impression throughout almost all of the
8 university hearings we have had, is there is
9 usually a sense in which proposals are made to us in
10 which it appears, and this is my own impression I
11 am speaking of here, that either way that one were
12 to move from the point of view of government response,
13 it is not going to be an adequate, or satisfactory
14 response, from the point of view of a large part of
15 the university audiences.

16 I give you, as an example, and I
17 will take it away from Calgary, maybe unfairly, your
18 reaction to the radio station. Now, I am not frankly
19 sure what the implications of having a radio micro-
20 phone in here are. We haven't had this, with the
21 exception of one university that was putting a micro-
22 phone in for purposes, simply of a university. We
23 haven't had a radio station do this.

24 In other words, to tape, or what-
25 ever they are doing, live at one of our public hearings.
26 On the other hand, the statement -- well, the Executive
27 Secretary, the statement has been made over again to
28 me privately, that it is unfortunate that a lot more
29 of the information, and opinion -- opinion and
30 information that comes out at our hearings is not

1 given a wider audience.

2 In other words, there is a great
3 deal of information brought forward at these hearings
4 from all sides, quite often, and there is a loss of
5 opportunity in this sense. Yet I sense -- and you
6 can tell me if I am wrong -- I sense in your reactions
7 to the idea of a radio station, are kind of immediate
8 negative assumption, that this would be utilized --
9 all right, go ahead.

10 THE PUBLIC: It is not our radio
11 station, it is this radio station.

12 THE PUBLIC: It is the particular
13 radio station. The radio station has been found
14 wanting for an objective position. It has already
15 done a large informative program on that if you smoke
16 dope you get hair on your hands, and things like
17 this. So people don't trust the station.

18 THE PUBLIC: C.K.S.L. basically,
19 run a scare program about dope, and they just scare
20 shit out of a whole bunch of people, because they
21 have got everybody up tight, and they have got the
22 police up tight, and a lot of people are walking
23 around waiting to get busted.

24 THE PUBLIC: It is a travelling
25 Medicine Show. It is just to promote the guy, Bob
26 Savage, who runs the thing.

27 THE PUBLIC: It is in Vancouver,
28 now.

29 THE PUBLIC: And one of the big
30 problems with it, is that the recent bust -- let's

1 say, I think they have about 40 names now, and they
2 busted 40 people following right on the tail of this
3 program. And they may be very, very innocent, and
4 very straight forward, and may want to do something
5 good for society. But they are scaring people here,
6 very much.

7 THE PUBLIC: Most of their programs
8 are very emotionally laden. They set people up for
9 the thinking that it is bad, so they are going to let
10 the busts go on. It is really bad that way.

11 It was a kind of a demi-god kind
12 of thing. It is bad, it is bad, it is bad with the
13 music and there was no rationality in it at all.

14 THE PUBLIC: I was just going to
15 say two things: First of all, I don't feel it is
16 legitimate to equate alcohol and soft-drugs, such
17 as marijuana and hashish, because our society does
18 not drink to get drunk, we are all social drinkers
19 who enjoy the taste, we like to socialize, it makes
20 it easier to sit down with our neighbours.

21 Nobody drinks to get drunk. However,
22 when you smoke, you smoke to get stoned, and I
23 think that is probably one of the basic problems in
24 understanding, is that other people, people who are
25 non-users of drugs don't understand the reason behind
26 using drugs.

27 Secondly, I would suggest that
28 probably 60 per cent of this campus uses drugs on an
29 infrequent basis. And I would go as far as to say
30 25 per cent to 30 per cent use it on a very frequent

1 basis.

2 MR. STEIN: Is that including
3 alcohol, or not including?

4 THE PUBLIC: I am talking about
5 marijuana and hashish.

6 THE PUBLIC: Firstly, I would
7 just like to say that we all feel that the type of
8 information we are transmitting right now, should be
9 put across to the public.

10 I think this is constructive.
11 Unfortunately, as I am talking now, I am sure that
12 C.K.S.L. will be twisting exactly what I am saying.
13 It's the particular radio station, so I don't want
14 you gentlemen to think that we are against the type
15 of information that is being transmitted.

16 I would like to direct my state-
17 ment to the Doctor. In answer to a question you
18 asked earlier, we really don't know, we don't have
19 enough evidence on marijuana and hashish to know
20 exactly what is happening; is that correct? We
21 don't have full evidence?

22 Do you think it is fair to have
23 a law that puts people in jail, because of this lack
24 of evidence?

25 DR. LEHMANN: Well, this is
26 perhaps some further clarification I think we should
27 get here. In other words, you pointed out various
28 reasons as to why there should be no law against it.

29 One, it isn't harmful. Another
30 one, it isn't fair because alcohol is allowed, and then

1 why shouldn't marijuana?

2 Another one is that the majority
3 of people are probably all for it, and only 60 year
4 old business men are not. Another reason given was
5 that there is no morality in this, and any kind
6 of philosophical analysis will show that the law has
7 no business in one's taking.

8 Now, which of these reasons do
9 you think are the most important?

10 THE PUBLIC: Those are not mine.
11 What I said was a law should be set up for two
12 purposes perhaps. The first purpose being to protect
13 the individual from himself, in other words, to
14 prevent him from doing something that is definitely
15 harmful to him.

16 Secondly, to protect others around
17 him. And what I am saying, is we don't have the
18 information to make those kind of laws, so why put
19 people in jail now, while we are gathering that
20 information? Let's have a ban on arrests.

21 THE PUBLIC: I just want to make
22 a comment on alcohol and marijuana. And I think that
23 in this society, and in the United States, I would
24 have to take issue with the previous statement that
25 we don't drink alcohol to get drunk. Because I think
26 that the evidence shows that very much more so than
27 in Britain, we do drink alcohol to get drunk. And I
28 think the two and a half per cent of adults, that the
29 rate of alcoholism is just something pretty astounding.

30 And you hear people like the

1 people from the Division of Alcohol will say the kind
2 of traumatic experiences that alcoholism can bring
3 about.

4 And in view of this, and
5 the very lack of evidence that marijuana produces
6 such traumatic experiences on a strictly physiological
7 addictive basis, I think that legalizing one, and not
8 legalizing the other, is sort of a hypocrisy.

9 THE CHAIRMAN: I am afraid we
10 will have to adjourn in a minute. We have to be
11 back at the hotel at 2:30.

12 THE PUBLIC: I would like to
13 address a question/concerning the other submissions
14 that have been made to them.

15 I would like to ask them if they
16 have had submissions with reference to the work of
17 (Gremlin) in California with the subject known as
18 Lysergic Acid Diethylamide 25.

19 He is a psychologist who has
20 used it, to my information, to treat children with
21 apparent success, provided the treatment is started
22 before the age of six years old, and carried to the
23 age of puberty.

24 I would like to ask the Commission
25 if they have had any information regarding this, and
26 I am wondering if they are planning to make any
27 research into that?

28 DR. LEHMANN: This research was
29 first started by Dr. Bender of the State of New York
30 on cystic children, and has been carried on for some

1 considerable time.

2 There is only one control study
3 which I know of, which has been negative. And
4 altogether, so far, the scientific evidence is that
5 it is not effective, and further research may be
6 required.

7 THE PUBLIC: Apparently, I
8 understand the use of a proper dosage, which seems
9 to be rather large and extensive, it is necessary
10 to use a dosage of -- I am just guessing, but I
11 imagine it is somewhere between 3 to 500 milligrams
12 per day, which is extremely a huge dose.

13 DR. LEHMANN: Do you mean
14 milligrams, or micrograms?

15 It is not milligrams, it is
16 micrograms. Anyway, so far, there is no good
17 evidence on under controlled conditions. But
18 research is going on.

19 THE PUBLIC: Thank you.

20 THE CHAIRMAN: I think we will
21 have to adjourn now, and return to the Calgary Inn
22 in the Britannia Room.

23 I should like, on behalf of the
24 Commission, to thank you all very much for your
25 help here today. It has been a most interesting
26 discussion.

27
28 --- Upon adjourning at 2:20 p. m.
29
30

